FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482922

(2)

Mailing Address

OSAMAR INTERNATIONAL, INC.

FILED
May 06 1997 8:00am
Secretary of State



2655 COLLINS AVENUE #712 MIAMI BEACH FL 33140		C/O DIAZCORP 3400 CORAL WAY #600 MIAMI FL 33145-3053 US						
		03			3. Date Incorporated or Qualified 08/15/1975	3a. Date of Last Report 04/18/1996	į	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied	i For		
21 Culta Ass		26		59-1631256	Not Api	plicable		
22 Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζιρ 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent		
	IWARZ, OSCAR		81	Name				
	CORAL WAY		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
#60								
MIAI	VII FL 33145 -3053		83	' ·				
			84	City		FL 85 Zip Code	,	
Office of re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized b	v the con	corporation submits this statement for the p poration's board of directors. I hereby accep	urnose of changing its reg	jistered stered	
SIGNATURE	Signature, typed or printed name of registered ago				e required when reinsta; ng)	DATE		
12,	OFFICERS AND		13.	join agria.sit	ADDITIONS/CHANGES TO OFFIC		12	
TiTLE	PTD	☐ DELETE	1.1 TITLE				Addition	
NAME	SCHWARZ, OSCAR, JR.		1.2 NAME					
STREET ADORESS	2655 COLLINS AVENUE #712		1.3 STREC	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY -	ST-ZIP				
TITLE	SD	DELETE	2.1 TITLE			☐ Change ☐	Addition	
NAME	SCHWARZ, ELSA		2.2 NAME					
STREET ADDRESS	2655 COLLINS AVENUE #712		2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change []	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	I ADDRESS				
CITY-ST-ZIP			3.4. CITY-	S1-ZIP				
FITLE		☐ DELETE	4.1 TITLE			Change []	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	FADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-	ST-7IP				
TITLE		∐ D€LETE	5 1 1HLE			Change [Addition	
NAME			5 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DOLLETE	54 CITY-	ST - 7IP		<u> </u>	4.4.00	
TITLE		☐ DELETE	61 TITLE			L_ Change L_	Addition	
NAME			6.2 NAME					
STREET ADDRESS				T AUDRESS				
CITY-ST-ZIP	orgific that the information of	durable their filling of the control of	64 CITY-					
informatio I am an of	n indicated on this annual report or s	upplemental annual report is t the receiver or trustee empow	true and acc vered to exe	urate and	stated in Section 119.07(3)(i), Florida Statutes 3 that my signature shall have the same lega report as required by Chapter 607, Florida S	Leffect as if made under o	ath; that	