

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 688891 (1)
1. Corporation Name
OSHER OIL CORP.



Principal Place of Business: **2990 NW 24 ST
PO BOX 523991
MIAMI FL 33152**
Mailing Address: **2990 NW 24 ST
PO BOX 523991
MIAMI FL 33152-3991
US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **09/24/1980**
3a. Date of Last Report: **06/09/1995**
4. FEE Number: **59-2033270**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **COSTA, JR. L
521 SW 122 AVE
MIAMI FL 33184**
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS: DPST COSTA, JR. L 521 S.W. 122 AVE MIAMI FL VPS COSTA, MARIA ELENA 521 SW 122ND AVE MIAMI FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1-64 (Title, Name, Street Address, City, St, Zip) Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01.20.96 635 85 SB
Dist. Phone #

CR2E034 (12/95)