

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
 AND
 FILED

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1997 AUG 29 PM 12: 33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F77031 (5)

1. Corporation Name
O & G CORPORATION

Principal Place of Business 8857 SW 12TH STREET MIAMI FL 33174-7000	Mailing Address 8857 SW 12TH STREET MIAMI FL 33174-7000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 797 TANGLEWOOD Cr. Suite, Apt. #, etc.	2a. Mailing Address 26 797 Tanglewood Cr. Suite, Apt. #, etc.
City & State 23 WESTON, Fla.	City & State 28 WESTON, Fla.
Zip 24 33327	Country 25 U.S.A.
Zip 29 33327	Country 30 U.S.A.

3. Date Incorporated or Qualified 04/14/1982	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2508022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VILLACIS O., ORLANDO
 8857 SW 12TH STREET
 MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name VILLACIS O., ORLANDO
82 Street Address (P.O. Box Number is Not Acceptable) 797 TANGLEWOOD Cr.
83
84 City WESTON
85 Zip Code FL 33327

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE VD	NAME VILLACIS, GIOCONDA	<input type="checkbox"/> DELETE
STREET ADDRESS 8857 SW 12TH ST	CITY-ST-ZIP MIAMI, FL 0	
TITLE PD	NAME VILLACIS, ORLANDO	<input type="checkbox"/> DELETE
STREET ADDRESS 8857 SW 12TH ST	CITY-ST-ZIP MIAMI, FL 0	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME VILLACIS, GIOCONDA	
1.3 STREET ADDRESS 797 TANGLEWOOD Cr.	
1.4 CITY-ST-ZIP WESTON, FLA. 33327	
2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME VILLACIS, ORLANDO	
2.3 STREET ADDRESS 797 TANGLEWOOD Cr.	
2.4 CITY-ST-ZIP WESTON, FLA. 33327	
3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME ERIC # VILLACIS, ERIC	
3.3 STREET ADDRESS 797 TANGLEWOOD Cr.	
3.4 CITY-ST-ZIP WESTON, FLA. 33327	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *****173.75 *****173.75

10/29/97
 8/29/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

CR2E034 (4/97)

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O & G CORPORATION

797 Tanglewood Circle * Weston, FL. 33327*

Department of the State
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

Dear Sir/Madam:

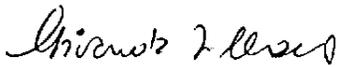
This is to inform you that in early March, 1997 we mailed you our 1997 Profit Corporation Annual Report along with our check # 0938 for the amount of \$173.75 drawn from an account at First Union Bank. We also notified your office of our new business address; however, your correspondence is still being sent to the old address. Our records show that the check was not cashed by your office but it was never returned to us.

Enclosed we are mailing, for the second time, the Annual Report and the corresponding fees.

Also, please provide us with a Corporation Tax ID number, or, an application to obtain it. Please make a note of our new address.

Thank you for your prompt attention to this matter.

Sincerely yours,



Gioconda Villacis
V/D

enclosure

cc. file