

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # F95000002659 (9)

1. Corporation Name
MIAMI OSR, INC



Principal Place of Business 3383 NORTH STATE ROAD 7 FT LAUDERDALE FL 33319	Mailing Address 3383 NORTH STATE ROAD 7 FT LAUDERDALE FL 33319-5617
----------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report 03/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0444371	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SMITH, JACK A	12 NAME	
STREET ADDRESS	4000 ISLAND BLVD #1102	13 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33180	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	SVP/Treasurer and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LYNCH, RICHARD J JR	22 NAME	Lynch, Richard J. Sr.
STREET ADDRESS	600 NW 9TH CT	23 STREET ADDRESS	600 NW 9th Ct
CITY-ST-ZIP	BOCA RATON FL 33486	24 CITY-ST-ZIP	Boca Raton FL 33486
TITLE	NAME	31 TITLE	VP/Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CRUDELE, ANTHONY F	32 NAME	Anthony F. Crudele
STREET ADDRESS	2405 RIVERLANE TERRACE	33 STREET ADDRESS	2405 Riverlane Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33312	34 CITY-ST-ZIP	Fort Lauderdale FL 33312
TITLE	NAME	41 TITLE	
NAME	CLAWSON, EVA L.	42 NAME	
STREET ADDRESS	3383 NORTH STATE ROAD 7	43 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:  4-10-97 (954) 735-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #