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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G71149

(0)

Mailing Address

ODYSSEY WORKS, INC.

Principal Place of Business

	Apr 24 19 Secretar	у (of State
	· · · · · · · · · · · · · · · · · · ·	-	
3,	Date Incorporated or Qualified 11/17/1983		Pate of Last Report /31/1996
ı,	FEI Number		Applied For
	59-2340285		Not Applicable
5,	Certificate of Status Desired		\$8.75 Additional Fee Required
3.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
3.	This corporation has liability for in	ntangibl	e tax under s. 199.032

FILED

7570 NW 14 S MIAMI FL 3312		C/O GEORGE E PATTERSON. JR. 7570 NW 14 ST. MIAMI FL 33126-1702		Date Incorporated or Qualified			
				3. Date Incorporated or Qualified 11/17/1983	1	e of Last 1/1996	Heport
2, Principal F	lace of Business	2a. Maling Address	.1 6	4. FEI Number	1 - 11 -		Applied For
21		2a. Myling Address 26 P. O. Box	141736	59-2340285		F	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.					Additional
2		27		6. Certificate of Status Desired		Fee f	Required
C ty & Stat	te	City & State CORAL GAB		Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ζιρ [4]	Country 25		Gountry 30		Yes 🗌	No	s. 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered A	gent	
7570	TERSON, GEORGE E. JR. 0 NW 14 ST.		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33126			·			
			B3				
			84 City			85 Zij	Code
				rporation submits this statement for the p ation's board of directors. I hereby accep	FL	<u></u>	
SIGNATURE 12.	Signaria: Types or princed name of registered age OFFICERS AND		Hegislereo Agent signature req	uiled when reinstaling) ADDITIONS/CHANGES TO OFFICE		DIRECTO Change	
MAM	TRAVIESO, JOSE R., JR.	E Person			•	,	
STREET ADORESS	10104 S.W. 20TH ST.		1.3 STREET ADDRESS	3155 PONCE DE LEO CORAL GABLE	N B4	·KD.	
CHY-S1 7:P	MIAMI FL		1.4 CiTY-ST-ZIP	CORAL GABLE	s F	=_	33134
DRUF	D	DELETE	2 1 TITLE				
NAM(MANSUR, LUIS	F-1 perced				Change	Addition
		LJ SEELE	2.2 NAME			Change	Addition
STREET ADDRESS	L.G. SMITH BLVD. #146	bell office				Change	Addition
STREET ADDRESS CHY+ST-ZIP	L.G. SMITH BLVD. #146 ORANJESTAD, ARUBA N.V.	_ otter	2.2 NAME			Change	Addition
	ORANJESTAD, ARUBA N.V.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS	·		Change	e L Addition
CHY+ST-ZIP	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR.		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			Change	e [_] Addition
CHY+ST+ZIP TIPLE	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR. 8285 S.W. 54TH AVE.		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	·		Change	e L Addition
CHY-ST- WP TIPLE NAME	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Change	e [] Addition
C/TY+ST-ZIP TIPLE NAME STREET ADDRESS	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR. 8285 S.W. 54TH AVE.		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			Change	e [] Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR. 8285 S.W. 54TH AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Change	e [] Addition
CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP	ORANJESTAD, ARUBA N.V. S PATTERSON, GEORGE E. JR. 8285 S.W. 54TH AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	·		Change	e [] Addition
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6.4 City-S1-ZIP

14. If 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.

SIGNATURE:

SATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTO

4.17.97 3054

Daytime Phone #