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

CORPORATION łТ



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

ANNUAL REPOR
1996

DOCUMENT # G86	065 (1)			
O.E.A. ENTERPRISES, INC.				
Principal Place of Business	Mailing Address			
\$400 NW 37TH AVENUE MIAMI FL 33142 US	P O BOX 650185 MIAMI FL 33265-185 US			
us			3. Date Incorporated or Qualified 02/23/1984	3a. Date of Last Report 04/13/1995
2. Principal Place of Business	2a. Mailing Address		4. FE Number 59-2381436	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2	27 Ch. 8 Ctots		E Startion Convicion Economic	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032,
4 25		30]	Horida Statutes	
9. Name and Address of Cu	rrent Registered Agent	B1 Name b	10. Name and Address of New Re	egistered Agent
BERKLEY, DAVID R BERLIT 848 BRICKELL AVENUE SUITE 200 MIAMI FL 33131		83 <u>SU</u> 84 City M	TE 200	6 . FL ⁸⁵ ろならなし
Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of familiar with, and accept the obligations of, Signature, typed or printed name of registered. Signature, typed or printed name of registered.	Honda Such change was authorized Section 607.0505, Florida Statutes.	the above hamed corporation's both	rd of directors is hereby accept the appo	iose of changing its registered office infiment as registered agent. I am
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	DELETE	1.1111.6		Change Addition
NAME RAPPOPORT, TOVA STREEL ADDRESS 13901 SW 75 ST.	•	1.2 NAME		
MIAMI EI		1.3 STREET ADDRESS 1.4 CITY - ST- ZIF		
CITY - ST - ZIP WILLIAM I L	DELETE	2 1 TILE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-SE-ZIP		2.4 C/TY - ST - Z/F		
THLE	☐ DELETE	3 1 FiftE		Change Addit-on
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADERESS		
C(1Y-S1-ZIP	[] DELETE	3.4 CHY-S1-ZIP 4.1 DILE		Change Addition
TITLE		4.2 NAME		
NAME STREEL ADDRESS		4.3 STREET ADORESS		
CHY-ST-ZIP		4.4 CHY-S1-ZIP		
TATLE	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STAFET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 C:TY-ST-Z-P		
TilLE	DELETE	6 1 TITLE		Change Addition
NAME		6.2 NAME		
STREFT ADDRESS		6.3 STHEET ADDRESS		
CITY-ST-ZIF 14. I do hereby certify that the information sup	harring (<u>2002/2007</u>	64 CBY-S1-ZP	for the execution stated in Section 110	07/3/k) Florida Statutes I further
14. I do hereby certify that the information supporting that the information indicated in this oath; that I am an officer of dijector of the appears in Block 12 or Block 13 if change	pled with this filing is voluntarily furns annul; report or supplemental annul; corpolation on the receiver or trusted , or gir an attackment with an addre	ai report is true and abour empowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect as if made under orida Statutes; and that my name

SIGNATURE:

FO NAME OF SIGNING OFFICER OR DIRECTOR