


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

FILED
Mar 03 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 # 1. Corporation Name J87649 O.S.A. AUTO, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 13759 S.W. 139TH CT. 22 Suite, Apt. #, etc. --- 23 City & State MIAMI, FL 24 Zip 33186		2a. Mailing Address 26 9745 SUNSET DRIVE 27 Suite, Apt. #, etc. SUITE 201 28 City & State MIAMI, FLORIDA 29 Zip 33173-4649 30 Country U.S.A.	
3. Date Incorporated or Qualified 8/12/87		3a. Date of Last Report 2/12/96	
4. FEI Number 65-0008715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent OLIVEIRA, JACQUELINE M. 5701 S.W. 136 ST. MIAMI, FL 33156		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			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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			
14. I 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 stated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaqueline M. Oliveira
Pres

4/13/97
Date

(305) 252-8952
Daytime Phone

CR2E034 (9/96)