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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17330

(7)

O S INTERNATIONAL, INC.

Principal Pla	ace of Business	Mailing Address	- · · · · · · · · · · · · · · · · · · ·		
1675 NW 4 AVE. BOCA RATON FL 39432		1675 NW 4 AVE. BOCA RATON FL 33432-1538			
				3. Date incorporated or Qualified 03/07/1988	3a. Date of Last Report 12/16/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0040922	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		☑ Yes ☐ No
	9, Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent
	CA RATON FL 33432		83 84 City Z	1675 NW 4 Ave Boca Raton.	FL 85 Zip Code 33432
office o	r registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida Such change was a signations of Section 607.005 Fla	authorized by the corpor orida Statutes.	orporation submits this statement for the ration's board of directors. I hereby according to the research of the control of th	purpose of changing its registered pl the appointment as registered 5/30/97
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	DP	☑ DELET E	1.1 TITLE		Change Addition
NAME	SOWERS, KIRK B		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE	DIONIOU COMEDO CVATA	DELETE		President	Change L. Addition
NAME	PICINICH SOWERS, CYNTHI	A	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	DED EXE	2.4 CiTY-ST-ZIP		C Observe D Address
TITLE		DELETE	3.1 TITLE		Change Addition

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.

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4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(TY - S1 - ZIP

4.4 CITY-ST-ZIP

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4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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Secretary of State