

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K98452 (1)

1. Corporation Name

THE OXFORD GROUP, INC.



Principal Place of Business

Mailing Address

% RICHARD HENRY CUENCA
290 CHAMBER RD (NW 165 ST). PENTHOUSE 5
MIAMI FL 33169

% RICHARD HENRY CUENCA
290 CHAMBER RD (NW 165 ST). PENTHOUSE 5
MIAMI FL 33169

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/26/1989

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0129342

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUENCA, ~~JUDITH~~ **SAMUEL**
325 CENTER ISLAND
GOLDEN BEACH FL 33160

81 Name

CUENCA, SAMUEL

82 Street Address (P.O. Box Number is Not Acceptable)

325 CENTER ISLAND

83

84 City

GOLDEN BEACH

FL

85 Zip Code

33160

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

SAMUEL CUENCA **MARCH 12, 1996**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CUENCA, JUDITH**
STREET ADDRESS **290 NW 165 ST PH5**
CITY- ST- ZIP **MIAMI FL**

TITLE **V** ☒ DELETE
NAME **CUENCA, JUDITH**
STREET ADDRESS **325 CENTER ISLAND**
CITY- ST- ZIP **GOLDEN BEACH FL**

TITLE **TSD** ☐ DELETE
NAME **CUENCA, DAVID ADAM**
STREET ADDRESS **290 NW 165 ST PH 5**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **CUENCA, RICHARD**
1.3 STREET ADDRESS **290 NW 165 ST PH 5**
1.4 CITY- ST- ZIP **MIAMI FL 33169**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)