

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

96 MAY -1 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30096

(6)

1. Corporation Name:

OSCAR CORP.

Principal Place of Business

900 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060
US

Mailing Address

900 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060
US

500001814785
-05/09/96--01059--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

05/01/1994

4. FID Number

59-2767450

Applied For
Not Applied For

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. Has corporation been liable for income tax under S. 190.032,
Florida Statute? ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QV DISCOUNT BEVERAGE
900 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

81 Name

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

83

84 City

FL 85 Zip Code

11. Does not the provision of Sections 607.02(1) and 607.04(1) of the Florida Statutes, the above named corporation submit 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, thereby accepting the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(1) of the Florida Statutes.

SIGNATURE *Harshad Thakker*

4/20/96

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST., ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST., ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.04(1)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harshad Thakker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

994 785-5975