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

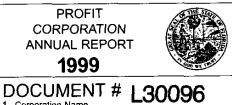
Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name OSCAR CORP.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90086 011 ***150.00



900 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 US 2. Principal Place of Business		900 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/01/1990
2 Principal DI	and of Rusiners	2a. Mailing Address				4. FEI Number Applied For
¬ .	ace of business	26				59-2767450 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
	#, e tc.	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing 5.00 May Be
3		28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country			8. This corporation owes the current year Intangible
¬ '	25	`	30			Personal Property Tax.
4	9. Name and Address of Curren			$\overline{}$		10. Name and Address of New Registered Agent
				81	Name	
THAH	(KER, HARSHAD			00	A d d	duran (D.O. Day Number in Nat Accoptable)
900 !	e atlantic blvd			82	otreet Add	dress (P.O. Box Number is Not Acceptable)
****	***********	*****		83		
POMPANO BEACH FL 33060						
				84	City	FL 85 Zip Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the a	bove-	-named con	reporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State.	of Florida. Such change was au	thorized	וז עס ב	he corporati	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Stat	utes.		
SIGNATURE	Signature, typed or printed name of registered agei	at and title if applicable (NOTE:	Registered	Agent	signature requir	red when reinstating) DATE
12.		D DIRECTORS	13.	- Jugoria	organization rough	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TI	TLE	$ \top$	☐ Change ☐ Addition
NAME	THAKKER, HARSHAD		1.2 N	AME.	ĺ	
ļ	900 E. ATLANTIC BLVD.				ADDRESS	
STREET ADDRESS	POMPANO BEACH FL		1	TY-ST-	1	
CITY-ST-ZIP	FOMFANO BEACTITE	☐ DELETE	2.1 11		- 211	☐ Change ☐ Addition
TITLE		<u></u>	2.2 N			
NAME			1		ADDRESS	
STREET ADDRESS			1		í	
CITY-ST-ZIP		☐ DELETE	3.1 Ti	ITY-ST	-2117	☐ Change ☐ Addition
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NAME			3.2 N		*DDDCCC	
STREET ADDRESS			1		ADDRESS	•
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TITLE						7 411-94
NAME			4.21		LABOUE CO.	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	_	ITY-ST	-ZIP	☐ Change ☐ Addition
TITLE		☐ NETE1F	5.1 TI 5.2 N			
NAME					ADDRESS	
STREET ADDRESS					1	
CITY-ST-ZIP		☐ DELETE	6.1 T	ITY-ST	-217	☐ Change ☐ Additio
TITLE		∐ DELE1E	•		1	□ change □ typolito
NAME			6.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-ST		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exe	emptic	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at 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, with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR