

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L47626**

(1)

1. Corporation Name

O.A. & E.R. CORPORATION

Principal Place of Business

**2841 SW 69 CT
MIAMI FL 33155**

Mailing Address

**2841 SW 69 CT
MIAMI FL 33155**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., etc.

26

Suite, 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

**AZCARRETA, OSCAR
2841 SW 69TH CT
MIAMI FL 33155**

3. Date Incorporated or Qualified

02/06/1990

3a. Date of Last Report

04/17/1995

4. FBI Number

65-0332791

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

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 607.01(2) and 607.1503, 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 607.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	AZCARRETA, OSCAR	
STREET ADDRESS	506 NW 87TH AVE, #409	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VPSD	☐ DELETE
NAME	REQUENA, EMILIO	
STREET ADDRESS	10086 NW 5TH TER	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information provided on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information contained on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am personally responsible for the accuracy of the information provided on this form. I am aware that the information provided on this form appears in Block 12 of the public record and is available to the public with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (305) 266-5050

CR2E034 (12/95)