FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:46

DOCUMENT # L51406 (1)

1. Corporation Name
OXFORD BUSINESS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% NICHOLAS M. DANIELS, ESQ. 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139	% NICHOLAS M. DANIELS, ESQ. 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1390 SOUTH DIXIE HWY.	26 1390 SOUTH DIXIE HWY.
Suite, Apt. #, etc. 22 SUITE #1205	Suite, Apt. #, etc. 27 SUITE #1205
City & State 23 CORAL GABLES, FL.	City & State 28 CORAL GABLES, FL.
Zip / Country 24 33146 / 25 USA	Zip / Country 29 33146 / 30 USA

4. FEI Number: 65-0173975 ☐ 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

DANIELS, NICHOLAS M., ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name: DAVID H. DORER
82 Street Address (P.O. Box Number is Not Acceptable): 1390 SOUTH DIXIE HIGHWAY
83 SUITE #1205
84 City: CORAL GABLES, FL. FL 85 Zip Code: 33146

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: Mr. David H. Dorer VP — 02/02/95
(If changing Registered Agent, Registered Agent's signature required) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, MARTHA	12 NAME	
STREET ADDRESS	10155 COLLINS AVE #506	13 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	14 CITY-ST-ZIP	
TITLE	M	21 TITLE	☐ Change ☐ Addition
NAME	DORER, DAVID H.	22 NAME	
STREET ADDRESS	11820 S.W. 77TH TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DORER, MARCIA E.	32 NAME	
STREET ADDRESS	11820 S.W. 77TH TERR.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	REITER, KAREN	42 NAME	
STREET ADDRESS	20600 N.E. 20TH PL.	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Martha D. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0147500 CP