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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51406

(1)

OXFORD BUSINESS ASSOCIATES, INC.

FILED Jul 11 1997 8:00am Secretary of State



Principal Place of Business 1380 SOUTH DIXIE HWY SUITE 1205 CORAL GABLES FL 33146 US		1390 SOUTH DIX SUITE 1205	CORAL GABLES FL 33146-2936			3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a. Mailing Add	ress			4, FEI Number	1	Applied For
21		26				65-0173975		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				t Carlifferty at Out a Davis of	□ \$8.7	5 Additional
22		27	27			5. Certificate of Status Desired	Fee	Required
City & State	б	City & State				6. Election Campaign Financing	\$5.0	OO May Bo
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible tax undi	er s. 199.032,
24	25 29		30	30		Florida Statutes Yes No		
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Agent	
	rer, david H			81	Name			
1390 SOUTH DIXIE HIGHWAY				82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
	TE 1205						·	
COP	RAL GABLES FL 33146			83		,		
				84	City		85 2	ip Code
	Λ			ł	·		FL I I	•
SIGNATURE	Signature yield or which name of registered at	gations of, Section 607 gent and fille 4 applicable ND DIRECTORS	NOTE Regi	N.	1)OKE	poration submits this statement for the pation's board of directors. I hereby accept the pation's board of directors. I hereby accept the patient of the pat	JLY 1, 1	YY /
TITLE	D			.1 1111.5			Chan	
NAME	HAMILTON, MARTHA		1	.2 NAME]			
STREET ADDRESS	10155 COLLINS AVE #506				ADDRESS			
CITY-ST-ZIP	BAL HARBOUR FL			.4 СПY - S				
TITLE	M			2.1 DILE	1-211		Chan	ge Addition
NAME	DORER, DAVID H.			2 NAME				
STREET ADDRESS	11820 S.W. 77TH TERR.				ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	2. 4 CHTY-1	ì			
TITLE	T			3.1 THLE	SI - ZIP		Chan	ge Addition
NAME	DORER, MARCIA E.	<u> </u>		3.2 NAME				
STREET ADDRESS	11820 S.W. 77TH TERR.		1		ADODECC			
1 1	MIAMI FL				ADDRESS			
CITY-ST-ZIP TITLE	8	D		I.4. CHY-S	51-ZIF		Chan	ge Addition
NAME	REITER, KAREN	DI		2 NAME				y L rtocition
· ·	20600 N.E. 20TH PL.				*DDDCCC			
STREET ADDRESS	N. MIAMI BCH. FL				ADDRESS			
CITY-ST-ZIP TITLE	III MWMI GOIL I C	DI DI		4 CITY-S A TITLE	1-212		☐ Chan	ge Addition
		F-1 bi						go
NAME				2 NAME	*PPDCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		D		4 CITY - S	1-ZIP		Chan	no Addition
TITLE		LJ 0		I.1 TITLE			смал	ge 📙 Addilion
NAME			6	i.2 name				
STREET ADDRESS City-St-Zip				.3 STREET 4 City-S	AODRESS			

4. I do hereby certify that the information supplied with this filing 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 to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conjugation 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 (4) and that my name with an address.

SMANN CHILLIANADER

CIONATURE.

()11/1 1091> 305 661 610