

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:30

DOCUMENT # **M61808** (5)

1. Corporation Name  
**JORGE DE LA OSA, P.A.**

Principal Place of Business Mailing Address  
C/O JORGE L. DE LA OSA  
4960 SW 72ND AVE. STE 303  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1987** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **10680 SW 113 PAL** 26 **10680 SW 113 PAL**

4. FFI Number **65-0010881** Applied For  Not Applicable

22 **St 103** 27 **St 103**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **MIAMI FL** 28 **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33176** 25 **U.S.** 29 **33176** 30 **U.S.**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DE LA OSA, JORGE L.  
4960 S.W. 72ND AVE.  
SUITE 303  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
B1 Name **Jorge de la Osa**  
B2 Street Address (P.O. Box Number is Not Acceptable) **10680 SW 113 PAL**  
B3 **St 103**  
B4 City **MIAMI** FL B5 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0503 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 *Jorge de la Osa* 1/18/95

12. OFFICERS AND DIRECTORS

12-1	<b>RST</b>
NAME	<b>DE LA OSA, JORGE L.</b>
STREET ADDRESS	<b>4960 SW 72 AVE, STE 303</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
12-2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1-2 NAME	<b>PST</b>
1-3 STREET ADDRESS	<b>de la Osa, Jorge L.</b>
1-4 CITY, ST, ZIP	<b>10680 SW 113 PAL, St 103</b>
2-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY, ST, ZIP	
3-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY, ST, ZIP	
4-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY, ST, ZIP	
5-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY, ST, ZIP	
6-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and qualify for the exemption stated in Section 191.021(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attached form with an address.

SIGNATURE: *Jorge de la Osa* 1/18/95 (518) 273-5757