

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

1997 JUL 28 AM 11: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M61808 (5)

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



Principal Place of Business 10680 SW 113 PLACE 103 MIAMI FL 33176 US	Mailing Address 10680 SW 113 PLACE 103 MIAMI FL 33176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

3. Date Incorporated or Qualified 10/30/1987	3a. Date of Last Report 01/19/1996
4. FEI Number 65-0010881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DE LA OSA, JORGE L.
10680 SW 113 PKY
S 103
MIAMI FL 33176**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE LA OSA, JORGE L. 10680 SW 113 PLACE, S 103 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**700002252707-4
-07/30/97--01079--020
****165.00 ****165.00**

SCC 7-28-97

14. 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 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.

CR2E034 (4/97)

LAW FIRM OF
JORGE L. DE'LA OSA, P.A.
10680 S.W. 113TH PLACE
SUITE 103
MIAMI, FLORIDA 33176

JORGE L. DE LA OSA
OF COUNSEL
AMADO ALAN ALVAREZ
BETSY ALVAREZ-ZANE
MARIANO R. GONZALEZ

TEL: (305) 273-5757
FAX: (305) 273-5747

July 15, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Jorge L. de la Osa, P.A.

Dear Gentlemen:

Please be advised that check number 1660 was sent back on January 3, 1997, together with the annual report of the above referenced corporation. Today we received notice that the State's records do not reflect having received our check. We have reviewed our bank statements which reflect that said check has, in fact, not been cashed by the State. Accordingly, we enclose check number 1907 as a replacement, together with another original annual report.

Enclosed for your review, please also find a copy of our check register showing check number 1660 was made payable to the State on January 3, 1997; a copy of our general ledger and general journal prepared by the firm's accountants', a copy of the bank reconciliation prepared by the firm's accountant showing check 1660 as outstanding; and, a copy of subsequent bank statements showing that check number 1660 was not paid by the issuing bank at or about the time the other checks in the sequence were paid.

In lieu of the circumstances, we hereby request that any and all applicable fines or penalties, if any, be waived.

Sincerely,

Jorge L. de la Osa, P.A.

Annie Sanchez Medina, Esq.
Jorge L. de la Osa, Esquire