

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018653

1. Corporation Name
OSO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 PM 12:42



Principal Place of Business
7430 NW 2ND TER
MIAMI FL 33126

Mailing Address
7430 NW 2ND TER
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

65-0402502

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30. Country

9. Name and Address of Current Registered Agent

BERRIOS, MIRIAM X S
7430 NW 2ND TER
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
BERRIOS, MIRIAM Y
7430 NW 2ND TER
MIAMI FL 33126

12. STREET ADDRESS ☐ DELETE

13. CITY-ST-ZIP

14. NAME ☐ DELETE

15. STREET ADDRESS

16. CITY-ST-ZIP

17. NAME ☐ DELETE

18. STREET ADDRESS

19. CITY-ST-ZIP

20. NAME ☐ DELETE

21. STREET ADDRESS

22. CITY-ST-ZIP

23. NAME ☐ DELETE

24. STREET ADDRESS

25. CITY-ST-ZIP

26. NAME ☐ DELETE

27. STREET ADDRESS

28. CITY-ST-ZIP

29. NAME ☐ DELETE

30. STREET ADDRESS

31. CITY-ST-ZIP

32. NAME ☐ DELETE

33. STREET ADDRESS

34. CITY-ST-ZIP

35. NAME ☐ DELETE

36. STREET ADDRESS

37. CITY-ST-ZIP

38. NAME ☐ DELETE

39. STREET ADDRESS

40. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☒ Change ☐ Addition

12. NAME BERRIOS, Miriam S

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I 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 amendment to an address, with all other like empowered.

SIGNATURE:

[Signature]

Miriam S. Berrios

1-15-99

(305) 551-2052

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0181789

CR2E034 (11/98)