

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000021469 (0)**

1. Corporation Name

OASIS ACQUISITION CORPORATION



Principal Place of Business

**INTERNATIONAL PLACE, 100 S.E. 2ND STREET
SUITE 3930
MIAMI FL 33131**

Mailing Address

**INTERNATIONAL PLACE, 100 S.E. 2ND STREET
SUITE 3930
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**SWEZY, LEWIS V
100 SE 2ND ST
SUITE 3930
MIAMI FL 33131**

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 607.1505, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person changing the office or agent

Signature of the person changing the office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SWEZY, LEWIS

STREET ADDRESS

168 HIALEAH DR

CITY-STATE-ZIP

HIALEAH FL 33010

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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)(k), Florida Statutes. I further certify that the information and calculation herein are a true and correct annual report as 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 officer or director empowered to execute this report and file it after 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or as an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96

377-8840

CR2E034 (12/95)