

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000052722 (4)**

1. Corporation Name

**O. A. RESOURCES CORP.**



Principal Place of Business

Mailing Address

**1428 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131-3409**

**1428 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131-3409**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/23/1993**

3a. Date of Last Report  
**07/25/1995**

4. FEI Number  
**65-0547107**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

**ARROYAVE, OSCAR  
1428 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131-3409**

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 of the person filing this report (Block 12 or 13)

Signature of Registered Agent (signature of new state)

DATE

12. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>PD</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>ARROYAVE, OSCAR</b>                 |                                 |
| STREET ADDRESS | <b>1428 BRICKELL AVENUE, 8TH FLOOR</b> |                                 |
| CITY, ST, ZIP  | <b>MIAMI FL 33131</b>                  |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY, ST, ZIP   |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY, ST, ZIP   |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY, ST, ZIP  |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY, ST, ZIP  |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is true and correct, and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

305-372-3824

Date

Telephone #

CR2E034 (12/95)