FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054767 (7)

1. Corporate Name
OSMART CORP.

Principal Place of Business
117 N.E. 1ST AVENUE
SUITE 402
MIAMI FL 33132

Mailing Address
117 N.E. 1ST AVENUE
SUITE 402
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1993
3a. Date of Last Report: 08/12/1994

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

4. FEI Number: 65-0424156 — 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

9. Name and Address of Current Registered Agent
SARZO, MARTA L
5919 S.W. 4TH STREET
MIAMI FL 33144

Martha L. Sarzo
13211 S.W. 38 TR.
Miami, Fla - 33175

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 Section 607.0502 and 607.150(8) 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

12. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	SARZO, MARTA L	Sarzo, Martha L
STREET ADDRESS	5919 S.W. 4TH STREET	13211 S.W. 38 TR
CITY, ST, ZIP	MIAMI FL 33144	Miami, Fl. 33175
TITLE	STD	
NAME	SARZO, OSCAR	Sarzo, Oscar
STREET ADDRESS	5919 S.W. 4TH STREET	13211 S.W. 38 TR
CITY, ST, ZIP	MIAMI FL 33144	Miami, Fl. 33175

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY, ST, ZIP		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(y), Florida Statutes. 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 attached sheet with an address.

SIGNATURE: Martha L. Sarzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

374-4759
Daytime Phone #

0133180 CP