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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

DOCUMENT # P93000054767 (7) OSMART CORP.						 	<u> </u>	Pilli d a r i i	1617 - 21111 (621 162	
Principal Plac	ce of Business	S	Malling Addres					### ## ###############################		
	ST AVENUE	•	117 N.E. 1ST AVENUE SUITE 402				2011 1021 1021 1031			
			Printers I we want	1132			3. Date incorporated or Qualified 07/13/1993		of Last 5/10/1	
2. Principal P	Place of Busin	iess	2a. Mailing Address			4. FEI Number		0, 10, 1	Applied For	
Suite, Apt.	#. etc.		26 Suite, Apt. #	h -4a			65-0424156			Not Applicable
City & Stat			27				5. Certificate of Status Desired			5 Additional Required
3	.e		City & State	Э			Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be
Zip		Country	Zip		Country		This corporation has liability for			ed to Fees s 199.032.
4	9. Name	and Address of Curre	29 ent Registered Agent	<u>. </u>	30		Florida Statutes Yes	s ∐No		
	<u></u>		ant neglistered Agent	<u> </u>	81	Name	10. Name and Address of New I	Registered A	Agent	
	, MARTA L				82					
	SW 38TH T	ERR				Street Add	dress (P.O. Box Number is Not Acceptal	bie)		-
MIAMI I	FL 33175				83					
					84	City			85 Z	'ip Code
I1. Pursuant or register familiar wi	to the provision red agent, or the and accept	ons of Sections 607,050 both, in the State of Flor of the obligations of, Sec)2 and 607.1508, Florid rida. Such change was tion 607.0505, Florida	da Statutes, authorized Statutes.	the above n by the corpo	· · · · · · · · · · · · · · · · · · ·	oration submits this statement for the pu ard of directors. I hereby accept the app	FL irpose of char pointment as r	nging its registered	registered offici d agent. I am
BIGNATURE:	ил, апо ассер	of the obligations of, Sec or printed name of registered agen	ction 607.0505, Florida :	Statutes.	,	amed corporation's boa	ed when reinstating)	rpose of char cointment as r	registered	oragent. I am
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BIGNATURE _ 2. JILE AME	Signature, typed of SARZO,	or printed name of registered ager OFFICERS AN	ction 607,0505, Florida : nt and title if applicable. ND DIRECTORS	Statutes.	Registered Agent 13. 1.1 TITLE 1.2 NAME	amed corporation's boa	ed when reinstating)	DATE	DIRECTO	ORS IN 12
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