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

PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90091 013 ***150.00

	OUP, INC.	Mailing Addres			<u></u>					
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3015 N.W. 79TH STREET 3015 N.W. 79TH STREET #R-1 MIAMI FL 33147 MIAMI FL 33147					بو* د	DO NOT WRI	TE IN THIS SPA	ČÉ.	به مد درسر <u>د</u>	<u>-</u> .
MIAMI FL 33147 MIAMI FL 33147						3. Date Incorporated or Qualifed		*		
						12/01/1993	•			
2. Principal P	Place of Business	2a. Mailing Add	dress			4. FEI Number		App	lied For	ĺ
21		26	26			65-0495164 Not			Applicable	l
Suite, Apt.	#, etc.	— <u>—</u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, , , , ,	8.75 A Fee Red	dditional quired	
City & Stat	ie .		City & State			6. Election Campaign Financing		5.00 h	May Be	
23	•	28	28			Trust Fund Contribution		Added to	Fees	į
Zip	Country	Zip		ountry		8. This corporation owes the curr				
24	25	29	30			Personal Property Tax.			□No	l
	9. Name and Address of Curr	rent Registered Agen	t	- 04	N. (10. Name and Address of New I	Registered Ageur	<u></u>		
ODA	IN, DAN			81	Name					
	nn, <i>dan</i> 5 N.W. 79TH STREET				Street A	ddress (P.O. Box Number is Not Accepta	able)			ĺ
#R-1				83						
MIAMI FL 33147				84	City		FL 85	Zip C	ode	i
			77 60 4			orporation submits this statement for the		ging its i	registered*	-
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	igations of, Section 60	7.0505, Florida S	tatutes		autoria bourd or directors. Thereby uses	ot the appointmen	nt as reg	jistered	
	Signature, typed or printed name of registered a	AND DIRECTORS		3.	signature req	puired when reinstating) ADDITIONS/CHANGES TO OF		RECTOR	RS IN 12	
12.	PD			1 TITLE				Change	Addition	1
TITLE	ORAN, DAN	_		2 NAME						1
NAME STREET ADDRESS	3015 N.W. 79TH STREET	•	1		ADDRESS					
	MIAMI FL 33147			4 CΠY-\$1	1	,				ļ
CITY-ST-ZIP TITLE	mirata i E 001 iii			1 TITLE	-			Change	Addition	1
NAME			2.	2 NAME	ľ					1
STREET ADDRESS			2.	3 STREET	ADDRESS					1
CITY-ST-ZIP			2.	4 CITY-S	T-ZIP_					ĺ
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NAME			3.	2 NAME	ŀ					
STREET ADDRESS	•		3.	3 STREE1	ADDRESS					
CITY-ST-ZIP			3.	4. CITY-S	T-ZIP			Change	☐ Addition	-
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CITY-ST-ZIP					T:ZIP			Change	Addition	1
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NÀME					ADORESS	·		•		
STREET ADDRESS				4 CITY-S					•	
CITY-ST-ZIP				1 TITLE				Change	Addition	
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NAME	1		• •		-					t
	٠.		· .		ADDRESS					ļ
STREET ADDRESS	• .				TADDRESS					

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 comportation 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 chargest or on an attachment with an address, with all other like empowered.

SIGNATURE

Date Daytime Phone #