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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087755 (3)

OSMAR INT'L MARKETING, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11713 OLD RIVER SCHOOL AD. 11713 OLD RIVER SCHOOL RD. DOWNEY CA-90241 DOWNEY CA 90241 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1993 2. Principal Place of Business 4. FEI Number Applied For 65-0498544 7184 NW Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 111 Trust Fund Contribution Added to Fees Counth 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MCDONALD, STEPHEN J ESO 315 SE 7TH ST Street Address (P.O. Box Number is Not Acceptable) SUITE 303 FT LAUDERDALE FL 33301 City 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 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, typed or printed nume of registerical agent and title diapplicable INOTE Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE CHAVEZ, OSCAR V NAME 1.2 NAME 11713 OLD RIVER SCHOOL RD. STREET ADDRESS 1.3 STREET ADDRESS DOWNEY CA 90241 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITL F VELASCO, MARIA 22 NAME NAME 11713 OLD RIVER SCHOOL RD. STREET ADDRESS 2.3 STREET ADDRESS DOWNEY CA 90241 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ D€LE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath, that I am an actual this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or

Block 12 or Block 13 if changed, or on an attachprof