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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042328 (2)

FILED Mar 10 1998 8:00am Secretary of State

I. COIDOIANO	11 Liferius	• • • • • • • • • • • • • • • • • • • •							
OASIS OF DADE CORP.						1 10 0 11 0 11 11 1 1 1 1 1 1 1 1 1 1 1	AINI BENI BIB	i n el kan higga af	
Principal Place of Business Mailing Address							8111 8E111 8481	. U 1180 P 11110 141	
1352 NW 36 ST 1352 NW 36 ST MIAMI FL 33142 MIAMI FL 33142						DO NOT WRITI	E IN THIS	SPACE	
						3. Date Incorporated or Qualified			
		. <u></u>				06/07/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21 26 Suite. Apt. #, etc. Suite. Apt. #, etc.						65-0471930			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes or has pa	aid the cur	rent year inf	tangible
24	25		30			Personal Property Tax due June			No No
	9. Name and Address of Curr	ent Registered Agent		B1 N	1	10. Name and Address of New Re	gistered .	Agent	
	JNOZ, JOSE		ľ		Name				
1352 NW 36 ST Miami Fl 33142			[€	82 Street Address (P.O. Box Number is Not Acceptable)			ble)		
****			8	33					,
			1	34 (City		FL	85 Zip	Code ,
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abo	ove-n	amed corpo	ration submits this statement for the		changing #	is registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was a	uthorized	by th	e corporatio	ration submits this statement for the polysis board of directors. I hereby acce	pt the app	ointment as	registered
	A - A - Marie Marie III	Z	ida otato	100.					
SIGNATURE	8th three ground or punish flame of registered a	gent and little if applicable. (NOTE	Registered /	Agent s	ignature required	when reinstating)	DATE	-117	· · · ·
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P	☐ DELETE		1.1 TITLE				Change	Addition
NAME	MUNOZ, JOSE		1.2 NAME						
STREET ADDRESS	1352 NW 36TH ST		1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP					4.4495
TITLE	D BDAND JOAN I	-						L Change	☐ Addition
NAME		ARRA ARAI AATII AT		2 NAME					
STREET ADDRESS		A SA E E AL PRI		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		÷.	**		i
CITY-ST-ZIP TITLE	S DELETE				OP			Change	Addition
NAME			3.1 TITL 3.2 NAM					onango	7.00(,,,,,,
STREET ADDRESS	1052 NW 36TH ST		3.3 STREE		DEGC .				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S		l l				
TITLE	Transition of the	☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME					-	
STREET ADDRESS			4.3 STREET		DRESS				
CITY-ST-ZIP			4.4 CITY-SI						
TITLE		DELE te	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		DRESS				
CITY-ST-ZIP			5.4 CiTY - S1		P				
TITLE		DELETE	6.1 TITL	E				Change	Addition
NAME			6.2 NAM	1E					1
STREET ADDRESS			6.3 STRE	EET ADD	DRESS				
CITY-ST-ZIP				6.4 CITY-ST-ZIP					
14. I hereby o	ertify that the information supplied	with this filing does not qualify for	the exen	nption	n stated in Si	ection 119.07(3)(i), Florida Statutes. I	further ce	rtify that the	information

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 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 attachment with an address.

CICNATION. A Deal Training 18 (1814)

CR2E034 (10/97