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

Principal Place of Business	Mailing Address	
8249 NW 36TH ST. SUITE 200 MIAMI FL 33166	8249 NW 36TH ST. Suite 200 Miami Fl 33166	

FILED Feb 06 1998 8:00am Secretary of State

	MENT # P95001 OSIA MARKETING SERVICE	0019716 (6) s, inc.			
Principal Plac	e of Business	Mailing Address			I FIGUR 1911) 18802 NGTO 9111 1991
8249 NW 361	TH ST.	8249 NW 36TH ST.			
SUITE 200		SUITE 200		50 1107 11575 1117	"O OD LOE
MIAMI FL 33	166	MIAMI FL 33166		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		03/10/1995 4. FEI Number	Applied For
21 Trincipart	Idde Of Dusilions	26. Walling Accides		65-0571100	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	····		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
JU	IIN, NANCY B		81 Name		
	11-N-VENETIAN DRIVE - 30/	I HAWKHURST	AVE 82 Street A	address (P.O. Box Number is Not Acceptable)	
-M/	AMI BEACH FL-33139 - FOR	T LAUDERDALE			
	1	F4, 33331	83		
		7 - 1 33331	84 City		85 Zip Code
	· · · · · · · · · · · · · · · · · · ·			- _	L 63 Zp code
office or r agent. I a	im temiliar with, and accept the obliga-	ations of Section 607.0505, Fi	es, the above-named c authorized by the corporation of the corporation	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or parited name of regulared age	TILLIN, NANCY B.	E Registered Agent signature r	DATE	1-30-98
12.		ni ano une mappicable 💌 🗀 (isc)	C. Registereo Agent signature i		
	1 UFFICERS AIN	DIRECTORS	13.		
TETLE 1		DIRECTORS DELETE	13. 11 THUE	ADDITIONS/CHANGES TO OFFICERS A	
TITLE :	PSTD		·		AND DIRECTORS IN 12
NAME	PSTD ECHEVERS, SANDRA L		1 1 THLE 1.2 NAME		AND DIRECTORS IN 12
NAME STREET ADDRESS	PSTD ECHEVERS, SANDRA L 14650 S.W. 98 AVENUE		11 THLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
NAME	PSTD ECHEVERS, SANDRA L		1 1 THLE 1.2 NAME		AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	PSTD ECHEVERS, SANDRA L 14650 S.W. 98 AVENUE	☐ DELETE	11 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12 Change Addition
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rineracy certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Horida Statules. 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.