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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000024800 (1)

ONIPSE, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 11621 SW 102 ST 11621 SW 102 ST MIAMI FL 33176-2531				(144/198; the 1918) drive date; marit abite abite abite abite abite abite abite abite			
					3. Date Incorporated or Qualified 04/01/1995	alified 3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 10836 N.K	ENDAL	<u> </u>	65-0571741		Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	()	City & State			6. Election Campaign Financing		O May Be
23		28 MiAmi, 1	<u>-L.</u>		Trust Fund Contribution		d to Fees
Ζιμ	Country	Zip 22/2/	Countr	DADE	8. This corporation has liability for	intangible tax under Yes No	s. 199.032,
24	25 9. Name and Address of Curro		30 4	1100	Florida Statutes 10. Name and Address of New Re		
NIF	TO, MARIA D		81	Name	<u> </u>		
	BIRD RD		82	Chrost V	MERCEDES B. ES. ddress (P.O. Box Number is Not Acceptal		
	RAL GABLES FL 33146		62		2 / S.W. 102 ST	Yel	
			83		T. T. 1775		
			84	City		85 Zi	n Code
			"	City 1	Miami,	FL * 3	p Code 3/76
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Statut	tes, the above	e-named o	corporation submits this statement for the		
agent la	egistered agent, or born, in the sia yn familiar with, and accept the obli	options of Section 607.0505, Fl	orida Statute	y me corps s.	corporation submits this statement for the poration's board of directors. I hereby acce	рств арропилент	as registered
SIGNATURE.	ARRADOUN SA-7	MER MER	CEDES	8.€	SPINO. VICE- RES.	4-28	-97
	Sigl wir typed or julia or sure of steened a			eni signature r	equired when reinstating)	DATE DIDEOTI	
12.	PTD OFFICERS A	ND DIRECTORS DELETE	13.	Т	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	ESPINO, JORGE C	hand branch to	12 NAME		MERCEDES 6 . ESP	<i>M</i> o	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADORESS	11621 SW 102 ST			TADDRESS	11621 S.W. 102 ST	•	
City-St 2in	MIAMI FL 33176		1.4 CITY-	1	MIAMIL, FL. 331;	760	
TITLE	VD	X DELETE	2.1 TITLE	-		☐ Chang	e 🔲 Additio
NAM[ESPINO, BERTHA		2.2 NAME	İ			
STREET ADMINESS	90 EDGEWATER DRIVE, UNI	T 915	2.3 STREE	T ADDRESS	•		
CHY-ST ZIP	CORAL GABLES FL		2. 4 CiTY-	ST-Z#P			
TIFLE	VSD	DELETE	3.1 TITLE			Chang	e 🔲 Addilio
N4ME	BERRIOS, LUIS P		3.2 NAME				
STREET ADDRESS	10836 N. KENDALL DRIVE, \	/-3	3.3 STREE	T ADDRESS			
Olin St. ZIP	MIAMI FL		3.4. CITY -	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e 🔲 Additio
NAME			4. 2 NAME			•	
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TILLE		DELETE	5.1 TITLE]		L Chang	e L Additio
NAV:			5.2 NAME	- 1	•		
SIRELL ADDRESS			1	T ADDRESS			
CITY ST-72	4/4/4	DELETE	5.4 CiTY -	ST-ZIP		Chang	e Additio
TILE		☐ DETEN	61 TITLE			LL GIANY	·
NAMI		:	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-SI-Zer	has partify that the referencies a real	liad with this filling does not quet	64 CITY-		ated in Section 119 07/3V/). Florida Statute	as I further continuts	al the

I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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 have an officer or director of the corporation or the receiver or pustee 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.