

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027682 (0)

1. Corporation Name

OSORIO ENTERPRISES OF MIAMI INC.



Principal Place of Business

407 LINCOLN ROAD MIAMI
SUITE 5-B
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD MIAMI
SUITE 5-B
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 301 SW 17 Rd.

26 251 Crandon Blvd.

22 Suite, Apt. #, etc.
3rd Floor

27 Ste 526

23 City & State
Miami FL

28 City & State
Key Biscayne, FL

24 Zip

Country

33129

USA

29 Zip

Country

33149

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

4. FEI Number

65-0426121

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

BRITO, LUIS G
407 LINCOLN ROAD
SUITE 5-B
MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or 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 name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when agent is changed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME OSORIO, EFRAIN
STREET ADDRESS 4868 S.W. 72ND AVE.
CITY-ST-ZIP MIAMI FL 33155

TITLE SVD ☐ DELETE

NAME OSORIO, NORMA
STREET ADDRESS 4868 S.W. 72ND AVE.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME OSORIO, EFRAIN
1.3 STREET ADDRESS 301 SW 17 Rd.
1.4 CITY-ST-ZIP Miami FL 33129

2.1 TITLE SVD ☒ Change ☐ Addition

2.2 NAME OSORIO, NORMA
2.3 STREET ADDRESS 301 SW 17 Rd.
2.4 CITY-ST-ZIP Miami FL 33129

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (305) 857 0310

Date Daytime Phone #

CR2E034 (12/95)