

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90007 040 ***550.00

DOCUMENT # **P95000027682**

CORPORATION NAME
OSORIO-ENTERPRISES-OF-MIAMI-INC.



Principal Place of Business
**CRANDON BLVD
208
BISCAYNE FL 33149**

Mailing Address
**251 CRANDON BLVD
APT 323
KEY BISCAYNE FL 33149
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

3. Date Incorporated or Qualified
04/06/1995

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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**BRITO, LUIS G
407 LINCOLN ROAD
SUITE 508
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name
MIRIAM DETORO

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

83

84 City
CORAL GABLES

85 Zip Code
FL 33146

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 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]* 9.7.99
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

1. PTD
OSORIO, EFRAIN
301 SW 17 RD
MIAMI FL

2. SVD
OSORIO, NORMA
301 SW 17 RD
MIAMI FL

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
240 CRANDON BLVD APT 323

1.4 CITY-ST-ZIP
KEY BISCAYNE FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
240 CRANDON BLVD APT 323

2.4 CITY-ST-ZIP
KEY BISCAYNE FL 33149

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

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.

SIGNATURE *[Signature]* 09/07/99 (305) 361 5758
Signature, typed or printed name of registered agent and true if applicable. Date Daytime Phone #

CR2E034 (5/99)