

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042655 (7)

1. Corporation Name

OXFORD ACQUISITION CORPORATION

Principal Place of Business

585 N.W. 95TH TERRACE
MIAMI FL 33150

Mailing Address

585 N.W. 95TH TERRACE
MIAMI FL 33150



2. Principal Place of Business

21 54 NW 11 Street
Suite, Apt. #, etc.

22 City & State
MIAMI FL

23 Zip
33136

24 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.
SAME

27 City & State
SAME

28 Zip
33136

29 Country
USA

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

4. FEI Number

05-0594837

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

9. Name and Address of Current Registered Agent

DOUGLAS, LYNN
585 N.W. 95TH TERRACE
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name
RICHARD FRIEDMAN

82 Street Address (P.O. Box Number is Not Acceptable)
54 NW 11 Street

83 City
MIAMI

84 FL 85 Zip Code
33136

11. Pursuant to the provisions of Sections 607.0507 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

R. Friedman

6-20-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DOUGLAS, LYNN
585 N.W. 95TH TERRACE
MIAMI FL 33150

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES
RICHARD FRIEDMAN
54 NW 11 St.
MIAMI FL 33136

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

17 TITLE NAME STREET ADDRESS CITY-ST-ZIP

18 TITLE NAME STREET ADDRESS CITY-ST-ZIP

19 TITLE NAME STREET ADDRESS CITY-ST-ZIP

20 TITLE NAME STREET ADDRESS CITY-ST-ZIP

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 TITLE NAME STREET ADDRESS CITY-ST-ZIP

23 TITLE NAME STREET ADDRESS CITY-ST-ZIP

24 TITLE NAME STREET ADDRESS CITY-ST-ZIP

25 TITLE NAME STREET ADDRESS CITY-ST-ZIP

26 TITLE NAME STREET ADDRESS 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:

R. Friedman

R. FRIEDMAN, Pres.

4-30-96

3053582571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)