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COI	PROFIT RPORATION UAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State									
1997 DIVISION OF CORPORATIONS							97 AUG -6 AM 11: 53					
DOCUMENT # P95000074029 1. Corporation Name O, S. Society GORP.								SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business 2000 ISLAMD BLVD. # 501 WILLIAMS ISLAMD AVENTURA, FL 33016								Date Incorporated or Qualified	3a F	Date of Last	Report	
								09-22.95	02.0	GIO OI EUSI	Порон	
	Place of Business		2a. Mailing Address					4. FEI Number	a		Applied For	
21		2	26					65-061948	7		Vot Applicable	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		,	Additional Required	
City & Stat	te		City & State					6. Election Campaign Financing			0 May Be	
23	Cou		Zip Country					Trust Fund Contribution				
Zip 24	25	· -	Zip Country 30			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes KNo				
2-71		iress of Current Re	<u> </u>	1001	T			10. Name and Address of New Re				
							Pe	DAD M. GALLII	2 A1.	2		
Unit 501						Street	Addres	s (P.O. Box Number is Not Acceptab	le)	•		
2000 ISLAND BLUD.							7	32 W. 49 S				
								. 1 -		DE 7in	Code	
						L		91eah	<u> </u>	- 3	Code 30/2	
l office or i	registered agent, or bi	oth, in the State of Ele	orida. Such change	e was authoriz	red by	the corr	corpor poration	ration submits this statement for the p n's board of directors. I hereby accep	urpose o	of changing pointment a	its registered is registered	
	am familiar with and a	ccept the obligations	s of, Section 607.05	505, Florida St	atutes	3 .		:	3/3	1/97		
SIGNATURE	Signature typed or printed ri-	ame of registered agent and	Inte if applicable	(NOTE Registe	red Age	ent signature	required	when reinstating)	DATE			
12.	100-	OFFICERS AND DIF	RECTORS	13).			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO		
TITLE	I non 1	OSSA	9 🗀 DELE		TATLE					L Change	☐ Addition	
NAME	POOR TELAND		BL10 # 501		1.2 NAME			9000022647292				
STREET ADDRESS	AVERTIA	RA FL 3	2 73 / C/O			1.3 STREET ADDRESS 1.4 City-St-Zip		-08/12/9701064023 ****165.00 <u>*****165.00</u>				
CITY-ST-ZIP TITLE	PRESIDE	77	DELE		TITLE	1 - ZIP	-		5 . UU	Change	165 DD Addition	
NAME	HERMAN M. OSSA			O O MALES					•			
STREET ADDRESS	ADDRESS 2000 ISLAND BLVD. #50			23	2 3 STREET ADDRESS							
CITY-ST-ZIP	AVENTU	RA, FL			C11Y-S	S1 - 21P						
TITLE	:		DELF	- ·	TITLE					Change	Addition	
NAME					NAME	ADDRESS						
STREET ADDRESS						ADDRESS						
TITLE			☐ DELE		. CITY - S TITLE	21-211				Change	☐ Addition	
NAME					NAMF							

op Profess 6.4 CITY - ST- ZIP preby certify that the information surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the tion 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 or 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 in Block 12 or Block 13 if charging, or on an algorithment with an address.

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305-821-666

6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CHTY - ST - ZIP

5 4 CITY - S1 - ZIP

5.1 TITLE

5 2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

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DELETE

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STREET ADDRESS

TREET ADDRESS TY- ST- ZIP

CITY-ST-ZIP

TITLE

NAME

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305-821-6668

Change

Change

Addition

☐ Addition



O.E. Society Corp. P.O.Box 522157 2000 Island Blvd. Miami FI 33152

August 3, 1997

Florida Department of State Division of Corporations Tallahassee Fl 32314

Please accept our Annual Report enclosed, originally mailed 03-31-97 and returned to us just recently for omissions in the text.

The offices of the corporation are not able to accept mailings in a timely basis, so a new registered agent is now listed.

We appreciate your patience and trust the enclosed application is acceptable.

Yours truly O.E. Society Corp.

Ingrid Ossa