

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000074029

1. Corporation Name
O.E. SOCIETY CORP.

Principal Place of Business

2000 ISLAND BLVD. #501
WILLIAMS ISLAND
AVENTURA FL 33016

Mailing Address

~~2000 ISLAND BLVD. #501~~
~~WILLIAMS ISLAND~~
~~AVENTURA FL 33016~~

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90089 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

65-0619489

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 Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SUITE #100

28 City & State

HIALEAH FL

29 Zip

Country

30 33014

31

USA

9. Name and Address of Current Registered Agent

GALLINAR, PEDRO M
1432 W. 49 STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

PEDRO M. GALLINAR

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

1460 W. 68 ST #100

83

84 City

HIALEAH

FL

85 Zip Code

33014

11. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/01/99

12.

OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME OSSA, HERNAN M
STREET ADDRESS 2000 ISLAND BLVD., 501
CITY-ST-ZIP AVENTURA FL 33160

TITLE P ☐ DELETE

NAME OSSA, INGRID
STREET ADDRESS 2000 ISLAND BLVD., 501
CITY-ST-ZIP AVENTURA FL 33160

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/99 305-821-6668