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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

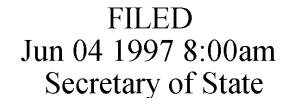
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000012859 (0)

OFFICE USA FRANCHISE SERVICES, INC.





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Principal Place of Business Mailing Address			4 (85 (154 the rent entit 65 (1 man) 63 (4 15 15 15 15 15 15 15 15 15 15 15 15 15		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
015 N.W. 57TH AVENUE		815 N.W. 57TH AVENUE			
8UITE 484 Miami Fl 33126		SUITE 484 MIAMI FL 33126-2042			
MINIMI LE 0015	•	MINMITE DOTECTEDIE		3. Date Incorporated or Qualified	3a. Date of Last Report
-				02/09/1996	
	Place of Business	26. Mailing Address		4, FEI Number	Applied For
21 6812	N.W. 77 Court	₂₆ 6812 N.W. 7	7 Court	APPLY FOR	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Cermicate of Status Desired	Fee Required
City & Stat				6. Election Campaign Financing	\$5.00 May Be
	, Florida	28 Miami, Flor		Trust Fund Contribution	Added to Fees
Zip 24 * 3316	Country	Ζφ	Country	8. This corporation has liability for	B
24 * 3316	9. Name and Address of Current		USA USA	Florida Statutes 2 10. Name and Address of New Re	- · · · · · · · · · · · · · · · · · · ·
* BESU, ROGER 81 Name					
Hector J. Mir					
SUITE 484			82 Streel Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road		
MAMI FI 32126 83					
Suite 1107					
84 City Coral Gables, FL 85 Zip Co 331					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above named	cornoration submits this statement for the r	ournose of changion 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 Hector J. Mir 4/80/97 Signature, typed or printed name of tell-strend agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	₹ DELETE	1.1 TITL€	D/V/S	Change X Addition
NAME	BESU, ROGER		1.2 NAME	GIRALDO LEYVA	
STREET ADDRESS	815 N.W. 57TH AVE. SUITE 484		13 STREET ADDRESS	6812 N.W. 77 Court	}i
CITY-ST-ZIP	MIAMI FL 33126		14 CHY+ST-7IP	Miami, FL 33166	F-1 821
TITLE		☐ DELETE	2 1 TITLE	D/P	Change X Addition
NAME			2.2 NAME	AURELIO A. LEYVA	
STREET ADDRESS			2.3 STREET ADDRESS	6812 N.W. 77 Court	
CiTY-ST-ZiP		DELETE	2. 4 CITY - \$1 - ZIP	Miami, FL 33166	Change X Addition
TITLE		☐ DELETE	3.1 TITLE	AS MTD	Lij Change Lij Additoni
NAME CTOSET ADDOCCO			3.2 NAME	HECTOR J. MIR	dha 1107
STREET ADDRESS		•	3.3 STREET ADDRESS	2655 Le Jeune Road, Su	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-S1-7iP 4.1 TITLE	Coral Gables, FL 33134	Change Addition
NAME		La Decert	4.2 NAME		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY \$1-2IP		İ
TITLE	1.00	DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 1ITLÉ		Change Addition
NAME			6 2 NAME		_ •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	or cartify that the information cumulind	. ni. 30. 2 4 0		Intend in Continu 440 07/0Vi) Florida Cial do	1.6

r concereby 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

4/20/07 /205) 444_0460