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Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000012859 (0)

1. Corporation Name
OFFICE USA FRANCHISE SERVICES, INC.



Principal Place of Business
815 N.W. 57TH AVENUE
SUITE 484
MIAMI FL 33126

Mailing Address
815 N.W. 57TH AVENUE
SUITE 484
MIAMI FL 33126-2042

3. Date Incorporated or Qualified
02/09/1996

3a. Date of Last Report

2. Principal Place of Business
21 6812 N.W. 77 Court

2a. Mailing Address
26 6812 N.W. 77 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
APPLY FOR

Applied For
Not Applicable

22 City & State
23 Miami, Florida

27 City & State
28 Miami, Florida

Zip Country

Zip Country

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

24 * 33166 25 USA 29 33166 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESU, ROGER
815 N.W. 57TH AVENUE
SUITE 484
MIAMI FL 33126

81 Name
Hector J. Mir
82 Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road
83 Suite 1107
84 City
Coral Gables, FL 85 Zip Code
33134

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.

Hector J. Mir

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BESU, ROGER
STREET ADDRESS 815 N.W. 57TH AVE. SUITE 484
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE D/W/S ☐ Change ☒ Addition
1.2 NAME GIRALDO LEYVA
1.3 STREET ADDRESS 6812 N.W. 77 Court
1.4 CITY-ST-ZIP Miami, FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D/P ☐ Change ☒ Addition
2.2 NAME AURELIO A. LEYVA
2.3 STREET ADDRESS 6812 N.W. 77 Court
2.4 CITY-ST-ZIP Miami, FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME HECTOR J. MIR
3.3 STREET ADDRESS 2655 Le Jeune Road, Suite 1107
3.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Hector J. Mir

4/30/97 (305) 444-0460

CR2E034 (9/96)