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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020040 (7)

O.S. MOTORS, INC.

FILED Mar 18 1997 8:00am Secretary of State

| Principal Flac | VENUE | | Mailing Address 6905 NW 82 AVENUE MIAM FL 33166-2768 | | | | | | |
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| MIAMI FL 3316 | ₹ | MIAMI PL 33166-2 | (100 | | | 3. Date Incorporated or Qualified | 3a. Da | le of Last F | Report |
| 2. Principal P | have of Business | 2a. Maring Addre | ess | · · · · · · · · · | | 03/05/1996 4. FEI Number | _L | Τ ΙΔ, | pplied For |
| 21 | The same of the sa | 26 | | | | 65-0658955 | | } | ot Applicable |
| Sinte Aga #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired See Require | | | | |
| Ory & Stell 23 | 6 | City & State | · · · · · · · · · · · · · · · · · · · | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Z(F) | Country | Zip | | Country | , | 8. This corporation has liability for | | | i. 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes [| | |
| | 9, Name and Address of Cur | rent Hegistered Agent | | B1 | Name | 10. Name and Address of New Re | distance v | gent | |
| SCALIA, OSVALDO 6905 NW 82 AVENUE | | | | | | ress (P.O. Box Number is Not Acceptable) | | | |
| MIAI | MI FL 33166 | | | 83 | | | | | |
| | | | | 84 | City | ······································ | FL | 85 Zip | Code |
| office or a | egistered agent, or both, in the St | ate of Florida, Such chan | oe was author | rized by | the corpora | rporation submits this statement for the pation's board of directors. I hereby accept | ourpose of | changing i ointment as | ts registered registered |
| agent ha SIGNATURE | in Tamiliar with land accept the ob | digations of Section 607. | 0505, Florida (| Statutes | S. | | | | |
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| 12. | OFFICERS | AND DIRECTORS | | siered Age | ent signature requ | ured when reinstating) ADDITIONS/CHANGES TO OFFICE | | DIRECTOR | |
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I am an officer or director of the corporation or the recorder of trylstile 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 attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed, or on an attack professional appears in Block 12 or Block 13 if changed in Block 12 or Block 13 if changed in Block 12 or Block 13 if changed in Block 14 if changed in Block 13 if changed in

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

3/13/97

laylimic Phone #