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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA CEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052913

1. Corr oration Name

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90016 001 ***150.00

OZNOC I	resources, inc.							
Principal Place	of Rusiness	Mailing Address					HO HOLD ING	()) 000 ())() 00)
,		9220 CALUSA CLUB I	DOINE WEST					
9220 CALUSA CLUB DRIVE WEST 9220 CALUSA CLUB DRIVE WE MIAMI FL 33186 MIAMI FL 33186								
						DO NOT WRITE IN THIS S	SPACE	
						3. Dat : Incorporated or Qualifed		
		,				06/16/1997		
2. Princ pal Pl	2a. Mailing Address	Mailing Address			4. FEI Number	⊢ +	pplied For	
21		26				65-0836493		ot Applicable
Suite Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22		City & State					 -	
City & State	9	City & State				6. Election Campaign Financing	-	May Be
23	- Courtou	28 Zin		untry		Trust Fund Contribution		to Fees
Zip	Country	Zip		anu y		8. This corporation owes the current year Inta	ngible □ Yes	□No
24	25	29	30	T		Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Curre	ur Kedizielen Adeist		81	Name	10. Name and Address of New Registered P	gent	
DWY	ER, MICHAEL W							
5965 SOUTHWEST 8TH STREET				82	Street 4d	ddress (P.O. Box Number is Not Acceptable)		
MIAN			83					
1111/CHF	11 12 30 177			83				
				84	City	1=1	85 Zip	Code
				لــــــــــــــــــــــــــــــــــــــ	L	· ·		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	1)2 and 607,1508, Florida S of Florida. Such change v	Statutes, the a wa : authorize	ibove d by	e-named co the corpora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	manging it: tment as r	registerea gistered
agen:. I a	m familiar with, and accept the obliga	ations of, Section 607.050	5, Florida Stat	tutes.		, , , , , , , , , , , , , , , , , , , ,		_
SIGNATL RE				_				
	Signature, typed or printed name of registered age			1 Agen	t signature requ	uired when reinstatin ;) DATE		
12.		DELE	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTI Change	Addition
TITLE	P	☐ pere			1		C Custigs	
NAME	CORZO, MARIA	r-AT	1	AME	Ì			
STREET ADDF ESS	9220 CALUSA CLUB DRIVE W	E51	1		ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			ITY-S1	r-ZIP			
TITLE	V	☐ DELE	J		- 1		Change	Addition
NAME	CORZO, ERNEST		2.2 N		1			
STREET ADDRESS	9220 CALUSA CLUB DRIVE W	EST	2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			ITY-S	T-ZIP			
TITLE		☐ DELE	TE 3.1 T	TLE	}		☐ Change	☐ Addition
NAME			3.2 N	AME	{			
STREET ADDR :SS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DELE	ΓE 4.1 T	ITLE	}		Change	Addition
NAME			4.21	IAME	-			!
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>	_ 		ITY-\$1	r-zip			
TITLE		☐ DEI'E.			1		Change	Addition
NAME			52 N					
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-\$1	Γ-ZIP			
TITLE		☐ DELE	TE 61T	TLE			☐ Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-S1	r-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 this same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to a execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with a light empowered.