## SECOND NQTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham 🤫

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076998 (8)

OSR CONSULTING, INC.

Aug 21 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address						
16855 NE SECO	OND AVE		16855 NE SECOND AVE						
SUITE 202	DE+014 Et 00101		SUITE 202			DO MOT MIDITE MATUR BRACE			
NORTH MIAMIT	BEACH FL 33161	MOKIH MIAMI B	NORTH MIAMI BEACH FL 33161			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 09/05/1997			
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied For			
21		26	26			59-18-11-156 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	- <del> </del>			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible			
24	25		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	ROMAN, RICARDO J MD					81 Name			
	5 NE SECOND AVE		82 Street Ac		Street A	ddress (P.O. Box Number is Not Acceptable)			
	E 202								
NOR	TH MIAMI BEACH FL 33161			83					
			84		City	FL 85 Zip Code			
44 Durawani	to the are delegand on of an o	02 and 607 4500 Flori	de Ctatuta a the						
office or u	registered agent, or both, in the Sta	te of Florida. Such cha	nge was autho	rized by t	nameo co the corpo	rporation submits this statement for the purpose of changing its registered ration'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 a	ndn MD.	41026.0		and signature	required when reinstaling) DATE			
12.		AND DIRECTORS		<b>13.</b>	em signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D			1.1 TITLE	Т				
NAME	ROMAN, RICARDO J MD		LLLIL	1.2 NAME					
STREET ADDRESS 16855 NE SECOND AVENUE, STE 202				1.3 STREET ADDRESS		-08/25/9801017003			
	MODINE ANAMA DEACH EL 20100			1.4 CITY-ST-ZIP		***165.00			
CITY-ST-ZIP TITLE	DELETE			2.1 TITLE					
NAME		LJ L	FEE 15	2.2 NAME	1	DRNSTEIN, DAVID H. Change (XAddition			
STREET ADDRESS					16855 NE 2nd Ave Ste 202				
				-					
CITY-ST-ZIP TITLE	DELETE								
NAME	(		3.2 NAME		Change   Addition /				
STREET ADDRESS				3.3 STREET A	DODESS	4h8/4			
CITY-ST-ZIP					71D	20 20 AV QU 1099			
TITLE			3.4 CITY-ST-2 4.1 TITLE	-4.	Change Addition				
NAME		L] V	LLCIL	4.2 NAME	1	Change   Addition   Addition   Addition   Addition   Addition   Addition   Addition			
STREET ADDRESS				1.3 STREET A	DOBESS				
CITY-ST-ZIP				1.3 STREET A 1.4 CITY-ST-Z	710 A				
TITLE	The state of the s		9.4 CITY-51-2 5.1 TITLE	7 <b>/</b> X	Addition Addition				
NAME		L_J.	LLCIL	5.2 NAME	$\mathcal{O}/\mathbb{I}$	Addition Addition			
				5.3 STREEPA	DDDESS				
STREET ADDRESS					UNICESS L	Addition Addition			
CITY-ST-ZIP TITLE				5.4 CITY-ST-Z	CH*	N N N N N N N N N N N N N N N N N N N			
			LCCIL			Change Addition			
NAME OTREST ADDRESS				3.2 NAME	DDDCCC M	0/1 1/1 1 X 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			
STREET ADDRESS				3.3 STREET A	I '	\ \nabla \nabla \ \nabla \ \nabla \ \nabla \ \nabla \nabla \nabla \ \nabla \ \nabla			
CITY-ST-ZIP	rdife that the information supplied us	th this filing does not a		6.4 CITY-ST-Z		species 110 07/3Vi) Florida Statutas I further contifu that the information			
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 eath; 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.									
III DIOUN 12	. VI BIDOK TO IL OHANIBOU, DI DIFAN A	ACCUMENTATION AND BUILDING	000,						

Ripolado/JUROMANOMIDIO