PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076998

1. Corporation Name

OSR CONSULTING, INC.

Principal Place of Business	Mailing Address
16855 NE SECOND AVE	16855 NE SECOND AVE
SUITE 202	SUITE 202
NORTH MIAMI BEACH FL 33161	NORTH MIAMI BEACH FL 33161

FILED Apr 26, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address									# 1\$111 10 1 11	unii 18	ur Fuill 16	roi r ydia bi		18161 1811 188†	
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NORTH MIAMI	BEACH FL 33161	N(orth Miami Beach Fi	L 3 3161				DO NOT WRITE IN THIS SPACE 3. Date ncorporated or Qualified							
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Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certi	feate of St	atus Des	ired		•		dditional quired
City & :3tate	•		City & State					6. Elect	tion Camp	aign Fina	ncing		\$:	5.00	Мау Ве
23		28						Trus	t Fund Col	ntribution			<u>A</u>	dded t	o Fees
Zip	Country	29	Zip	30 Co	untry			1	corporatio onal Prope		ne curre	ent year	Intangibl XLY6		□No
	9. Name and Address of Current	Regis	stered Agent					10. Nam	e and Ad	dress of	New R	egister?	d Agent		
					81	Nan	— — ю								
	IAN, RICARDO J MD				82	Stre	A 1de	lress (P.O. B	o c Numbe	r is Not A	ccenta	hie)	 -		
	5 NE SECOND AVE				-	000	0171301	1000 (1 .0. D	0111011120	. 10 11011					
	E 202				83										
NOR	TH MIAMI BEACH FL 33161				84	City							85	Zip (ode
					04	City						F	L	Zip (. 000
office or re	to the provisions of Sactions 607.050: egistered agent, or both, in the State on familiar with, and accept the obligat	of Flori	da. Such change was	authorize	d by	the co	ed corp rporati	poration subr ion's board o	n ts this st of directors	atement . I hereby	or the page of the contract of	purpose t the ap;	of chang pointmen	ing its t as re	registered cistered
SIGNATURE															
	Signature, typed or printed name of registered agen					nt signati	e ted nice	ed when reinstatir	ng) TIONS/CH	ANCES :	OOF	DATE	AND DIE	ECTO	DS IN 12
12.	OFFICERS ANI	אוט נ	DELETE	13.				ADDI	HONOIGH	ANGES	O OF	ICENS		hange	Addition
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NAME	16855 NE SECOND AVENUE, S	TE 2	02	and the second		TADDRE									
STREET ADDRESS	NORTH MIAMI BEACH FL 3316		UZ.				~								
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TITLE	ORNSTEIN, DAVID H				AME										
NAME	16855 N.E. 2ND AVENUE, SUIT	E 202	9			T ADDRE									
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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 cortify 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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