

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000093753 (6)**  
 1. Corporation Name  
**OASIS HOLLYWOOD, INC.**

Principal Place of Business: **13853 NW 22ND STREET SUNRISE FL 33323**  
 Mailing Address: **13853 NW 22ND STREET SUNRISE FL 33323**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1997**

4. FEI Number: **05-0792733** Applied For:  Not Applicable:

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **1200 N. Federal Hwy**  
 Suite, Apt. #, etc.:   
 City & State: **Hollywood FLORIDA**  
 Zip: **33020** Country: **USA**

2a. Mailing Address: **1200 N. Federal Hwy.**  
 Suite, Apt. #, etc.:   
 City & State: **Hollywood FLORIDA**  
 Zip: **33020** Country: **USA**

9. Name and Address of Current Registered Agent  
**GOMEZ, LORENA**  
**13853 NW 22ND STREET**  
**SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name:   
 82 Street Address (P.O. Box Number is Not Acceptable):   
 83   
 84 City:  85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.014 and 607.01508, 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LORENA	12 NAME	
STREET ADDRESS	13853 NW 22ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE:  **1-23-98**

DATE: **1-23-98**

CR2E034 (10/97)