

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86678** (7)

1. Corporation Name

OSJ MANAGEMENT & DEVELOPMENT INC.

Principal Place of Business

Mailing Address

**225 NE 34 ST
S209
MIAMI FL 33137
US**

**225 NE 34 ST
S209
MIAMI FL 33137
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

02/23/1994

4. FEI Number

65-0300748

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIOS, WILLIAM
225 NE 34 ST
S209
MIAMI FL 33137**

81 Name

RIOS, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)

3000 BISCAYNE BLVD

83

SUITE 210

84

MIAMI

FL

85

Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

SIGNATURE

Signature typed or printed name of registered agent and this is applicable

(If not, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
RIOS, WILLIAM
8001 SW 97TH TERR
MIAMI FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
VELAZQUEZ, NILSA M
3630 NE 1 CT
MIAMI FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
RIVERA, GAMAJEL
5400 NE 4 CT
MIAMI FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

William Rios Treasurer

4/28/95

SOS 576 0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(System Name)