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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S86678

**(7)** 

OSJ MANAGEMENT & DEVELOPMENT INC.

Principal Place \$000 BISCAYNE STE, 210 MIAME FL 3313	BLVD.	Mailing Address 3000 BISCAYNE BLVD. STE. 210 MIAMI FL 33137-4129			
US		U\$		3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 02/16/1996
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0300748	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30		Yes No
	g. Name and Address of Curren	Registered Agent		10. Name and Address of New Rie	istered Agent
900X SUN MIAI	LE, JOHN ) BISCAYNE BLVD. TE 500 VII FL 33137 To the provisions of Sections 607.050	2 and 607 1508, Florida Statu	83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fl	lorida Statuteś.	tion's board of directors. I hereby accep	
····	Signature, typed or printed name of registered age		It: Registered Agent signature requi		DATE
12.	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CHS AND DIRECTORS IN 12  Change Addition
TITLE NAME	RIOS, WILLIAM 3000 BISCAYNE BLVD. #210	L.J Deten	1.1 TITLE 12 NAME		ш сланде <u>г</u> удолон
STREET ADDRESS			13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137	D DELET	1.4 C(TY - ST - ZIP		D 05
TITLE	(	☐ DELETE	2.1 TITLE		Change
NAME	VELAZQUEZ, NILSA 3630 NE 1 COURT		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137	DELETE	2.4 C(1Y+ST-7/P		Change Addilion
TITLE	RIVERA, GAMALIEL	C) besch	3.1 TITLE		L. Change L. Addition
NAME STREET ADDRESS	3601 FEDERAL HWY.		3.2 NAME  3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-ST-ZIP		
TITLE		DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-SI-7IP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CHY-ST-ZIP		·
TITLE		DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(1) Y - S1 - Z(P		
14. I do hereb Informatio I am an o	by certify that the information supplied in indicated on this unnual report or s flicer or director of the corporation of	I with this filing does not qual upplemental annual report is the oceiver or trustee empoy	ify for the exemption state true and accurate and tha vered to execute this repo	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	<ol> <li>I further certify that the leffect as if made under oath; that tatules; and that my name</li> </ol>