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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19795

101

1. Corpora FORM	OSA, U.S.A., INC.		·						
Principal Place of Business Mailing Address						t illet bliset tinen titte fint bliset str	artin Ainet Au	119 497411 11 11 11 11	W181  189
6145 BONAV SARASOTA	ENTURE CT. Fl. 34243	6145 BONAVENTURE CT. SARASOTA FL 34243-4807							
						3. Date Incorporated or Qualified 02/10/1992		e of Last 6/1996	Report
	l Place of Business	28. Mailing Addres	S			4. FEI Number		h	pplied For
21		26			<del></del>	65-0316495			lot Applicable
Suite, A	pt #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & S	lale	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ 24	Country 25	Zip <b>29</b>	Zip Country			8. This corporation has liability for Florida Statutes	intangible t		s. 199.032,
	g, Name and Address of Currer	t Registered Agent		$\Gamma$		10. Name and Address of New Ro	gistered A	çjent	
Pi	RIETO, GLORIA E			B1	Name				
6145 BONAVENTURE CT. SARASOTA FL 34243				82		Address (P.O. Box Number is Not Acceptable)			
				84	City		FL	<b>85</b> Zip	Code
11. Pursua office of agent	F					rporation submits this statement for the ation's board of directors. I hereby acce		changing intment a	its registered s registered
12.	Signature typed or printed name of registered age OFFICERS AN		(NOTE: Register		ent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTO	DC IN 12
TITLE	P	DELE		TITLE	———	ADDITIONS/OFFANGES TO OFFI	OCHO AND	Change	Addition
NAME	PRIETO, MIGUEL ANGEL		1.21		- 1				
STREET ADDRES	ss 6145 BONAVENTURE CT.		1.3	STREET	1 ADDRESS				
CHY-51-20F	SARASOTA FL 34243			1.4 CITY - ST - ZIP 21 THLE				Change	Addition
TITLE NAME	1 - 7	ALADIA DI BI		2.2 NAME			1	TT Custulin	CT vodition
STREET ADDRES	ss 6145 BONAVENTURE CT.				T ADDRESS				
CITY-ST-ZIF	SARASOTA FL 34243	T be			ST-ZIP		<del></del> _	1 05	T LAURES
11116	1	C DELE		TITLE	1			Change	Addition
NAME.	. 1			NAME					
STREET ADDRES	>> {		1		T ADDRESS				
CON-ST-ZIP		DELE		CITY-	ST-ZIP			Change	Addition
TITLE		רי הניני	1				,	organije	- Nonda
NAME	}			NAME	1				
STREET ADDRES	S>		1		T ADDRESS				
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1 11111	1	L. I VELE	:L ■ 3.1	HILL				יום ויטיים ויטיים	L.J AGGIOGII

14. I do 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 of 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Block 13 if changes or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

Caty-ST-70

DELETE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

0431300

Change Addition