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

PROFIT . FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 JUN 23 PM 1: 31 DOCUMENT # V20631 (0)SECRETARY OF STATE OSMUS MAGAZINE, INC. Principal Place of Business Mailing Address 1802 ALTON RD. 1602 ALTON RD. STE. #359 MIAMI BEACH FL 33139 STE. #559 MIAMI BEACH FL 33139-2421 3a, Date of Last Report 3. Date Incorporated or Qualified 03/09/1992 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0326496 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MUNIZ, ILEANA DE DIOS **B1** Name 1615 MERIDIAM AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **#503** 83 MIAMI BEACH FL 33139 84 City Zip Code 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** (NOTE Hogistered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$2 12. 13. Addition DELETE 1.1 TITLE TITLE MUNIZ, ILEANA D NAME 1.2 NAME 1602 ALTON DR., #559 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CHY - ST - ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME 002222**1160--**-06/24/97-01041-013 STREET ADDRESS 3.3 STREET ADDRESS #非米165 III Addition CITY-ST-ZIP 3.4. CITY - S1 - ZIP \*\*\*\*165.00 DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Too 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 or supplied ental annual report is true 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 ecciver 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 or ag attachment with an edgress.)

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