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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90076 015 ***150.00

DOCUMENT # V25974

OSMAR ELECTRONICS, INC.

Principal Place 133 EAST FLAG MIAMI FL 33131	LER STREET	Mailing Address 133 EAST FLAGLER STREET MIAMI FL 33131							
MINIMI 1 C 33131						DO NOT WRITE IN THIS SPACE			
			,			 Date Incorporated or Qualifer 04/02/1992 	d		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Α	Applied For
21		26	-			65-0322678			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
City & State		City & State	13	, ,	مدارون خانداد مدارد	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the cu	rrent year Int		
24	25	29 30	1			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
			8	81	Name				
CHORNY, DANIEL 133 E FLAGLER ST			8	82	Street Addre	ss (P.O. Box Number is Not Accep	table)	•	
	AI FL 33131	•	1	83	· · · · · · · · · · · · · · · · · · ·	, .			`
	: .			j	City		FL		Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flonda, Such change was auth	onzea i	ov in	named corpo e corporation	ration submits this statement for the i's board of directors. I hereby acc	e purpose of ept the appoi	changing it ntment as r	s registered egistered
SIGNATURE	•								
	Signature, typed or printed name of registered agent a			Agent s	signature required		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECT Change	
TITLE	PD DELETE		1.1 TITLE					□ Change	, L Addition
NAMÉ	CHORNY, DANIEL		1.2 NAME						
STREET ADDRESS	ISS 133 EAST FLAGLER STREET		1.3 STREET ADDRESS		DDRESS	•			
CITY-ST-ZIP	1111 1111 1 1		1.4 CITY-ST-ZIP		ZIP				
TITLE	VPD	☐ DELETE 2.1 TO		E				☐ Change	Addition
NAME	SCHAMY, MARCELO GABRIEL		2.2 NAM					•	ļ
STREET ADDRESS	133 EAST FLAGLER STREET	EAST FLAGLER STREET 23		EET A	DDRESS				}
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-ST-ZIP					
TITLE	S DELETE		3.1 TITLE					Change	Addition
NAME	•		3.2 NAM	Æ					j
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS		DDRESS	•)
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP						ļ
TITLE	INICAMO I L	□ DELETE	4.1 TITL		-			☐ Change	Addition
			4. 2 NAM					_ •	l
NAME	•				DDRESS				ļ
STREET ADDRESS			4.3 STR						
CITY_ST_ZIP			4.4 UIII	1-31-4	ᄱᄀ				J

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)(i), 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRES

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADORES

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

TREADURED

☐ DELETE

☐ DELETE

305)375-8044

Change

Change

☐ Addition

☐ Addition