

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V50957 (2)

1. Corporation Name

O.S. INTERNATIONAL TRADING CORP.

Principal Place of Business

1912 NW 94TH AVE #B
MIAMI FL 33172

Mailing Address

~~1912 NW 94TH AVE #B
MIAMI FL 33172~~

NEW ADDRESS

6905 NW 82 AVE
MIAMI FL 33166



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 S DIXIE HWY
PH-2
MIAMI FL 33156

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0354586

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature (use for principal, shareholder, or agent; not applicable to the corporation)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
SCALIA, OSVALDO
1912 NW 94 AVE. #B
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP
☐ Change ☐ Addition

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP
☐ Change ☐ Addition

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP
☐ Change ☐ Addition

01 TITLE
02 NAME
03 STREET ADDRESS
04 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO C. SCALIA
PRESIDENT

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***225.00

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