FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V63959 (3)

1. Corporation Name
OSVAR ENTERPRISES INC.

Principal Place of Business
~~700 NW. LEJEUNE ROAD~~
~~SUITE 400~~
MIAMI FL 33126

Mailing Address
~~700 N.W. LEJEUNE ROAD~~
~~SUITE 400~~
MIAMI FL 33126

3. Date Incorporated or Qualified: 09/15/1992	3a. Date of Last Report: 05/23/1995
4. FEI Number: 65-0424420	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 782 NW LeJeune Road	26 782 NW LeJeune Road
Suite, Apt. #, etc. 22 548	Suite, Apt. #, etc. 27 548
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
~~700 N.W. LEJEUNE ROAD~~
~~SUITE 400, LEJEUNE CENTRE~~
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: JOSE M. MARQUEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LeJeune Road
83 Suite 548
84 City: Miami FL 85 Zip Code: 33126

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] DATE 1/15/96

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	VARGAS, AUGUSTO C.	
STREET ADDRESS	~~700 NW LEJEUNE RD #400~~	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	MARQUEZ, KAREN	
STREET ADDRESS	~~700 NW LEJEUNE RD, #400~~	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☐ Change ☐ Addition
1.2 NAME	VARGAS, Augusto C.	
1.3 STREET ADDRESS	782 NW LeJeune Rd., Suite 548	
1.4 CITY-ST-ZIP	Miami, Florida 33126	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	MARQUEZ, Karen	
2.3 STREET ADDRESS	782 NW LeJeune Rd. Suite 548	
2.4 CITY-ST-ZIP	Miami, Fl. 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ [signature] ✓ 1/23/95 (305) 443-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)