

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73430**

(3)

1. Corporation Name

OSENAT INC.



Principal Place of Business

**16602 N MIAMI AVE
MIAMI FL 33169**

Mailing Address

**16602 N MIAMI AVE
MIAMI FL 33169**

2. Principal Place of Business

21 **6732 STIRLING RD.**

22 **HOLLYWOOD FL.**

23 **33024**

24 **FL**

2a. Mailing Address

26 **6732 STIRLING RD.**

27 **HOLLYWOOD FL.**

28 **33024**

29 **FL**

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0364352

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

9. Name and Address of Current Registered Agent

**QUADRI, ABIODUN I.
16602 N MIAMI AVE
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name **QUADRI, ABIODUN I**

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

83 **6732 STIRLING RD.**

84 City **HOLLYWOOD** FL 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0612 and 607.1506, 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 assume the obligations of, Section 607.061, Florida Statutes.

SIGNATURE

[Signature]

ABIODUN QUADRI 2-22-96

12. OFFICERS AND DIRECTORS

1. NAME	D	☐ DELETE
2. NAME	QUADRI, ABIODUN I.	
3. STREET ADDRESS	5419 NW 54TH ST	
4. CITY, STATE, ZIP	MIAMI FL	
5. NAME		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. NAME		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. NAME		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, STATE, ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, STATE, ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied by 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 Book 12 or Book 13 of the register, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABIODUN QUADRI II.

82-22-96 (950964 1996)

CR2E034 (12/95)