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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90028 046 \*\*\*150.00

DOCUMENT #

1. Corporation Name

OUSTER CORP.

Principal Place of Business 2650 Biscayne Blvd. Miami, Florida 33137 Mailing Address 2650 Biscayne Blvd. Miami, Florida 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1992

2. Principal Place of Business 21 2650 Biscayne Blvd. Suite, Apt. #, etc. 22 Miami, Florida City & State 23 33137 Zip Country 24 USA 25 26 27 28 29 30

4. FEI Number 65-0377186 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Neal L. Sandberg, Esq. 2650 Biscayne Boulevard Miami, Florida 33137

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 607.002 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: X DELETE 1.2 NAME: Tomas A. Mestre 1.3 STREET ADDRESS: 6361 Sunset Drive 1.4 CITY-ST-ZIP: Miami, Florida 2.1 TITLE: X DELETE 2.2 NAME: Regina G. Mestre 2.3 STREET ADDRESS: 6955 NW 77 Avenue, Suite 406 2.4 CITY-ST-ZIP: Miami, FL 3.1 TITLE: DELETE 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: DELETE 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: DELETE 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: DELETE 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

1.1 TITLE: President/Director X Change 1.2 NAME: Tomas A. Mestre 1.3 STREET ADDRESS: 14201 S.W. 248th Street 1.4 CITY-ST-ZIP: Redlands, Florida 33022 X Change 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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)(a), Florida Statutes. 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 checked, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Tomas A. Mestre, President

(305) 662-1927

CR25034 (11/98)