

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

FILED

**Sep 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000054896 (1)

1. Corporation Name
OAB CORPORATION



Principal Place of Business: **12900 SOUTHWEST 79 STREET MIAMI FL 33183**
Mailing Address: **12900 SOUTHWEST 79 STREET MIAMI FL 33183-4208**

3. Date Incorporated or Qualified: **06/27/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		29. Country		30. Country	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name: **Blanca A. Smith**
82 Street Address (P.O. Box Number is Not Acceptable): **12900 S.W. 79th Street**
83
84 City: **Miami** FL 85 Zip Code: **33183**

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: *Blanca A. Smith* DATE: **2/20/97**
Signature and or printing name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIDO, OCTAVIO ARIAS	1.2 NAME	Arias Bellido, Octavio
STREET ADDRESS	12900 SOUTHWEST 79 STREET	1.3 STREET ADDRESS	12900 Southwest 79th Street
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Smith, Blanca, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	12900 Southwest 79th Street
STREET ADDRESS		2.3 STREET ADDRESS	Miami, FL 33183
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Blanca A. Smith* **Blanca A. Smith, Secretary, 2/20/97** (305) 381-8340

CR2E034 (9/96)