

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 663670 (8)

1. Corporation Name
OVERSEAS SYSTEMS CORPORATION



Principal Place of Business 6505 BLUE LAGOON DR 420 MIAMI FL 33126 US	Mailing Address 10009 S.W. 25TH ST MIAMI FL 33165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 6505 BLUE LAGOON DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 420
City & State 23	City & State 28 MIAMI FL
Zip 24	Country 25
Zip 29 33126	Country 30 USA

3. Date Incorporated or Qualified 01/10/1980	4. FEI Number 59-1911318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PETER G. GRUBER, P.A.
ONE DATRAN CENTER, SUITE 910
9100 S. DADELAND BLVD.
MIAMI FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SANCHEZ, OSMUNDO, JR.
STREET ADDRESS	10009 S.W. 25TH ST.
CITY-ST-ZIP	MIAMI FL 33165
TITLE	V <input type="checkbox"/> DELETE
NAME	BIANCHI, VIOLETA S
STREET ADDRESS	8101 SW 122 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PINO, TERESITA J
STREET ADDRESS	9944 NW 49 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	RIVERA, LAURA H.
STREET ADDRESS	14909 SW 80 STREE APT 204
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MARTINEZ, JORGE L.
STREET ADDRESS	1600 S BAYSHORE LANE 2-C
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6810 GRATIAN ST.
1.4 CITY-ST-ZIP	CORAL GABLES FL. 33146
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: _____ **OSMUNDO SANCHEZ JR 1/8/98 (205) 267-7201**

CR2E034 (10/97)