

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

pg 1 of 2

DOCUMENT # 663670

1. Entity Name
OVERSEAS SYSTEMS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 PM 4:12

Principal Place of Business
7469 SW 50 TERR.
2ND. FLOOR
MIAMI, FL 33155

Mailing Address
SAME

2. Principal Place of Business
7469 SW 50 TERRACE
Suite, Apt. #, etc.
2ND. FLOOR

3. Mailing Address
7469 S.W. 50 TERRACE
Suite, Apt. #, etc.
2ND. FLOOR

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-1911318

Applied For
Not Applicable

Zip
33155

Country
USA

Zip
33155

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT ARTURO I. ACUÑA 8210 SW 32ND. AVE. MIAMI, FL 33155 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600004271316--8 -05/18/01--01083--011 *****61.25 *****61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMINDO SANCHEZ SR - Pres 5/14/01 305-667-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

DOCUMENT #

663670

pg. 2 of 2

1. Entity Name

Overseas Systems Corporation

Principal Place of Business

7469 SW 50th. Terrace
2nd. Floor
Miami, FL 33155

Mailing Address

6505 Blue Lagoon Dr.
Suite 420
Miami, FL 33126

2. Principal Place of Business

7469 SW 50th. Terrace

3. Mailing Address

7469 SW 50th. Terrace

Suite, Apt. # etc.

2nd, Floor

Suite, Apt. #, etc.

2nd, Floor

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-1911318

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Peter G. Gruber, P.A.
One Datan Center, Suite 910
9100 S. Dadeland Blvd.
Miami, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|----------------|---------------------------------|
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|-------|--------------------|----------------------|--|--|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | Pres./CEO/COB | Osmundo Sanchez, Jr. | 6810 Gratian Street Coral Gables, FL 33146 | |
| | Vice-Pres/COO/Dir. | Jorge L. Martinez | 8461 Grand Canal Dr. Miami, FL 33144 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | Vice-Pres/Dir. | Violet S. Bianchi | 8101 SW 122 Street Miami, FL 33156 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | Treasurer | Teresita J. Pino | 9944 NW 49 Terrace Miami, FL 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | Secretary | Laura H. Rivera | 6337 SW 85 Street Miami, FL 33143 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | Vice Pres. | Alvaro J. Fernandez | 8215 Lake Drive, Apt 3-B305 Miami, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (9/99)