2001 UNIFORM BUS	SINESS REPU	KI (OR	M) AMENDED	palotic			
DOCUMENT# 6636  1. Entity Name :	70			13			
· OVERSEAS SYSTE	MS CORPORATI	PH SEURETAR BEVISION OF I	FILEÓ: SEURETARY OF STATE FYISION OF CORPORATIONS				
Principal Place of Business  7469 5W 50 TERR.  2 nd. FLOOR				OI MAY 16 PM 4: 12			
MIAHI, FL 33155							
2. Principal Place of Business  7469 5W 50 TERRACE  Suite, Apt. #, etc.  3. Mailing Address  7469 5.W. 5C TER  Suite, Apt. #, etc.		TERRACI		DO NOT WRITE IN THIS SPACE			
2ND. FLOOR 2ND. FLOOR		۷	- Applied Co.				
City & State MIAMI, FL	. • • •		4. FEI Number 59-1911318	Applied For Not Applicable			
Zip Country USA	Zip 3 <i>3</i> 155	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Re	gistered Agent			
PETER G. GRUBER, P.A.			Street Address (P.O. Box Number is Not Acceptable)				
ONE DATRAN CENTER, S 9100 S. DADELAND BLV							
MIAHI, FL 33156		City	ty FL Zip Code				
8. The above named entity submits this statement	for the purpose of changing its	egistered office of	or registered agent, or both, in the state of Florid	da.			
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent signs	ture required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		Added to Fees Dep	Check Payable to a artment of State			
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 10 Change X Addition			
TITLE NAME STREET ADDRESS	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP	ARTURO T. ACUÑA 8210 SW 32 ND. AVE				
TITLE	☐ Delete	TITLE	MIAMI, FL 33155	Change			
NAME STREET ADDRESS		NAME STREET ADDRESS	6000042  05/18	70101083011			
CITY-ST-ZIP		CITY-ST-ZIP	*****	01.23 ************************************			
TITLE	. Delete	TITLE NAME		☐ Change ☐ Addition (			
STREET AODRESS CITY-ST-ZIP		STREET ADDRESS CITY+ST-ZIP					
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME STREET ADDRESS		NAME STREET ADDRESS	,				
CITY-ST-ZIP		CITY-ST-ZIP	1				
TITLE NAME	L Delete	TITLE NAME	1 151	☐ Change ☐ Addition			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	$ D_{n,j} $	( 192			
TITLE	☐ Delete	TITLE	\	☐ Change ☐ Addition			
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP	11.00 11.440 07/01/01 71.440 11.440				
12. I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	To true and adcurate and that me powered to execute this report a with all off en like ampowered.	/ signature shall t s required by Ch	nave the same legal effect as if made under oa apter 617, Florida Statutes; and that my name a	th; that I am an officer of director appears in Block 10 or Block 11 if			
SIGNATURE:	1050	MAS DENAIL	NEHRZ SX - OVER SIXI	0) 305.667.3808			
	PRINTED NAME OF SIGNING OFFICER O	DIRECTOR	Date	Daytime Phone #			

DOCUMENT # 663670					Pg-20F-2		
· Overseas System		ن ز	10				
Principal Place of Business 7469 SW 50th. Terrace 2nd. Floor Miami, FL 33155  Mailing Address 6505 Blue L Suite 420 Miami, FL 33155  Miami, FL 3		_	,				
2. Principal Place of Business 7469 SW 50th. Terrace 3. Mailing Address 7469 SW 50th Suite. Apt. # etc. Suite. Apt. #, etc.		. Terrace	DO NOT WRITE I	IN THIS SPACE	•		
2nd, Floor City & State	2nd, Floor City & State		4. FEI Number Applied For				
Miami, FL	Miami, FL		59-1911318		Not Applicable		
33155 Country USA	33155	Country <b>USA</b>	5. Certificate of Status Desired		5 Additional equired		
6. Name and Address of Current R	Registered Agent		7. Name and Address of New Regi		<del></del>		
Potor C Crubor P A		Name	Name				
Peter G. Gruber, P.A. One Datran Center, Suite 910		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
9100 S. Dadeland Bly							
Miami, FL 33156		City		FL Zi	p Code		
The above named entity submits this statement for	the purpose of changing its	austered office or regis	stered agent, or both, in the State of Florida				
SIGNATURE Special or orinted name of registered agent an	the factorial that	Registered Agent signature regi	• WHACH WAS 14 PRINTING	DATE			
	्रिक्त के प्रोहित क्षेत्रक करते. जी क्रांक कर	4. 网络斯斯特斯特斯斯 新工作	College Weet realisating)				
9. This corporation is eligible to satisfy its Intangible East filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	FEE IS \$150.00 0 Fee will be \$550.0 e to Department of S			\$5.00 May Be Added to Fees		
11. OFFICERS AND C	DIRECTORS -	12.	ADDITIONS/CHANGES.TO OFFICE				
FITALE  14AME  17FS: 1 ADDRESS  18F1 17F2P	☐ Delete	STREET ADDRESS OST	res./CEO/COB mundo Sanchez,Jr. 810 Gratian Street	. <b>⊼</b> c	one Policition   Septemble   Septemble		
PATALLE STREET ACCRESS CITY OF CIP	☐ Deleta	NAME JORELS 84	oral Chables, FL 33 dce-Pres/COO/Dir. orge L. Martinez 461 Grand Canal Dr. iami, FL 33144	<b>X</b> Cr	nange 🗆 Address 🖔		
11	☐ Delete	TITLE VENTAL VEN	ice-Pres/Dir. iolet S. Bianchi 101 SW 122 Street iami, FL 33156	<b>X</b> 0	nange 🗀 Addison		
77 (2 1940) 375-871 4009203 175 - 7109	☐ Sefete	TITLE TYPE THANE TE	easurer eresita J. Pino 944 NW 49 Terrace iami, FL 33178	<b>∑</b> ci	hange 🔲 Adoxilon		
	☐ Calets	TYGE SET ADDRESS 63	ecretary awra H. Rivera 337 SW 85 Street iami. FL 33143	<b>'X</b> '	mange Addinge		
numici natro sinte i Audinesse di ne uni alt	☐ Gelste	771.5 VH NAME A 1 STREET ADDRESS 8 2	dce Pres. lvaro J. Fernandez 215 Lake Drive, Apt iami, FL 33166	ऋ <sup>©</sup> 3–B30			
13. hereby partify that the information subblied with the cated on this report or subplemental report is to the postporation or the receiver or trustee emportranged for on an attachment with an address with SIGNATURE:	true and accurate and that in vered to execute this report is	If 6 exemption stated in by 8 gnature shall have to as rectured by Chapter Chapter	Section 119.07(3)(i). Florida Statutes, I fur the same legal effect as if made under patr	i, that I am an c	officer or director		