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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **H24644**

1. Corporation Name

OVERSEAS FORWARDING CORPORATION

Principal Place of Business Mailing Address						-	PIPIL BIRI) BIRI) A	0 1 0 0
· · · · · · · · · · · · · · · · · · ·		3271 NW 28TH STREET	<u>-</u>					
		MIAMI FL 33142				DO NOT MIDITE IN THIS	CDACE	
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	 -
						10/09/1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Anı	plied For
	lace of business	26				59-2463478	 	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>	\$8.75 A	
22		27	7			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	i]			Trust Fund Contribution	Added to	
Zip			Country			8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	Agent	
			8	31 1	Name			
GARCIA, GONZALO			8	32 5	Street Addre	ss (P.O. Box Number is Not Acceptable)		
1714 FERDINAND STREET			L					
COF	RAL GABLES FL 33134		8	33				
			8	34 (City		85 Zip C	Code
				-	FL		_	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-n	named corpo	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	f changing its intment as reg	registered aistered
agent. I a	registered agent or both, in the State im familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Statute	es.	e corporation	To bould of allocation i horozy assert and appearance	• 	
SIGNATURE	a en la estada							· {
Signature, typed or printer name of registered agent and title if applicable. (NOTE:				jent si	ignature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DS IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE A	Change	Addition
TITLE	PD COOLEA CADLOS I	_					[oo2-	
NAME	BENGOCHEA, CARLOS J.		1.2 NAME					1
STREET ADDRESS			1.3 STRE					
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY- 2.1 TITLE		ZIP		Change	Addition
TITLE	VD					,	T ourse	
NAME	ATAL EEDDINAND ATREET	GARCIA, GONZALO						
STREET ADORESS	,, ,, , , , , , , , , , , , , , , , , ,		2.3 STRE					. 1
CITY-ST-ZIP	***			2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
TITLE	SD SAPOLA MIREYA	-					☐ Omange	
NAME	GARCIA, MIREYA		3.2 NAME					
STREET ADDRESS			33STRE					
CITY-ST-ZIP	CORAL GABLES FL			Y-ST-Z	ZIP		☐ Change	Addition
TITLE	TD SENSOCHEA CLOA	☐ DELETE	4.1 TITLE				☐ vg-	
NAME	BENGOCHEA, OLGA		4. 2 NAM					
STREET ADDRESS					DORESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CITY-		ZIP		[] Change	Addition
TITLE		□ DETE1€	5.1 TITLE 5.2 NAMI					
NAME			5.3 STRE		INDRESS	•		ļ
STREET ADDRESS						•		į
CITY-ST-ZIP				34 CITY-ST-ZIP			Change	Addition
TITLE		LJ OCLETE	6.2 NAM			F	0.10.1.90	
NAME		-			ADDRESS	**		į

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 suppliemental 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90009 022 ***150.00