

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

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K18687 (9)
1. Corporation Name
OVERSEAS SERVICES INTERNATIONAL CORP.



Principal Place of Business: **1401 BRICKELL AVE. SUITE 850 MIAMI FL 33131 US**

Mailing Address: **110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1988**

4. FLL Number: **65-0037701**

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business:

21. Suite, Apt. #, etc.: **25. 110 Brickell Ave.**

22. City & State: **27. 7th Floor**

23. Zip: **28. Miami, FL**

24. Country: **29. 33131**

30. Country: **USA**

g. Name and Address of Current Registered Agent

**KAPLAN, ERIC J
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1008, 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. Each 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAPLAN, ERIC J.		12 NAME:	
STREET ADDRESS: 1110 BRICKELL AVE. 7TH FLOOR		13 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		14 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	21 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DE WALDRON, ERIKA		22 NAME:	SD
STREET ADDRESS: 1401 BRICKELL AVE., SUITE 850		23 STREET ADDRESS:	1401 Brickell Ave., Suite 850
CITY-ST-ZIP: MIAMI FL		24 CITY-ST-ZIP:	Miami, FL 33131
TITLE: TD	<input type="checkbox"/> DELETE	31 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADAMES, BETSY		32 NAME:	TD
STREET ADDRESS: 1401 BRICKELL AVE., SUITE 850		33 STREET ADDRESS:	LOMBARDO, MARCELA DE
CITY-ST-ZIP: MIAMI FL		34 CITY-ST-ZIP:	1401 Brickell Ave., Ste. 850
TITLE: <input type="checkbox"/> DELETE		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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)(b), 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, as an attachment with an address.

SIGNATURE: _____ DATE: **1/26/98**

CR2E034 (10.97)