

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000007415**

1. Corporation Name
PDS OVERSEAS, INC.



Principal Place of Business
**ONE S POINTE DR
 MIAMI BEACH FL 33139
 US**

Mailing Address
**ONE S POINTE DR
 MIAMI BEACH FL 33139
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 404 WASHINGTON AVE.
 Suite, Apt. #, etc.
22 120
 City & State
23 MIAMI BEACH, FL
 Zip Country
24 33139 25 DADE

2a. Mailing Address
26 404 WASHINGTON AVE.
 Suite, Apt. #, etc.
27 120
 City & State
28 MIAMI BEACH, FL
 Zip Country
29 33139 30 DADE

3. Date Incorporated or Qualified
01/31/1994

4. FEI Number
65-0382490

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
~~THREATT, ROBERT R~~
~~ONE S POINTE DR~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
81 Name BRIAN A. HART
THOMSON, MURARO, RAZOK & HART, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTHEAST THIRD AVENUE
83 17TH FLOOR
84 City MIAMI FL 85 Zip Code 33131

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 *B.A. Hart* **BRIAN A. HART** **4/29/99** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAMER, THOMAS	
STREET ADDRESS	ONE S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	HANAV, H	<input checked="" type="checkbox"/> DELETE
NAME	ONE S POINTE DR	
STREET ADDRESS	MIAMI BEACH FL 3339	
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NEE, M	
STREET ADDRESS	ONE S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	404 WASHINGTON AVENUE
1.3 STREET ADDRESS	SUITE 120
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	404 WASHINGTON AVE.
3.3 STREET ADDRESS	SUITE 120
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S CATHY COLONNESE
5.3 STREET ADDRESS	404 WASHINGTON AVE., SUITE 120
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
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, with all other like empowered.

SIGNATURE: *Cathy Colonne* **CATHY COLONNESE** **4/29/99** DATE

CR2E034 (1/198)