

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 SEP 27 PM 4:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

DOCUMENT # P98000086764

1. Corporation Name  
 INTERNATIONAL OVERSEAS GROUP, INC.



Principal Place of Business Mailing Address  
 17478 SW 36TH STREET 17478 SW 36TH STREET  
 MIRAMAR FL 33027 MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 20911 Johnson St 26 20911 Johnson St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 123 27 123  
 City & State City & State  
 23 Pembroke Pines FL 28 Pembroke Pines FL  
 Zip 33029 Country Zip 33029 Country  
 24 25 29 30

3. Date Incorporated or Qualified  
 10/09/1998  
 4. FEI Number Applied For  
 Applied Not Applicable  
 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.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, DAVID J  
 100 N BISCAYNE BLVD. SUITE #2600  
 MIAMI FL 33132

B1 Name SONIA M. BORTOLIN  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 5005 HIATUS RD  
 B3  
 B4 City Sunrise FL B5 Zip Code 33351

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 SONIA M. BORTOLIN

9-10-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME D BELLORIN-ROSARIO, ALCIDES ALBERT  
 STREET ADDRESS 17478 SW 36TH STREET  
 CITY-ST-ZIP MIRAMAR FL 33027  
 TITLE  DELETE  
 NAME D SALAS, MARTHA  
 STREET ADDRESS 17478 SW 36TH STREET  
 CITY-ST-ZIP MIRAMAR FL 33027  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 800003006488--7  
 1.4 CITY-ST-ZIP -10/05/99--01111--013  
 2.1 TITLE  Change  Addition  
 2.2 NAME \*\*\*\*\*150.00 \*\*\*\*\*150.00  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

0030205

CR2E034 (5/99)

July 30, 1999

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**Florida Department of State  
Division of Corporations  
Tallahassee, Fl**

Dear Sirs:

Please take note that my agent did not forward this reports to me until really late in July.  
Please find the checks for the amount due and accept my apologies for sending it late.  
Also please note that the correct address in my forms should be:

**20911 Johnson St, Suite 123  
Pembroke Pines, Fl 33029**

Thank you for your understanding,

Sincerely,

  
**Alberto Bellerin**