

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

96 JUN 14 AM 10:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800001861128
-06/13/96--01026--034
****233.75 ****233.75**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000000798

1. Corporation Name

JUMART OVERSEAS CORPORATION

Principal Place of Business

Mailing Address

**999 PONCE DE LEON BLVD. SUITE 1015
CORAL GABLES, FLORIDA 33134**

3. Date Incorporated or Qualified
2/16/95

3a. Date of Last Report

4. FET Number

☒ Applied For
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 has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUAN V. URDANETA
999 PONCE DE LEON BLVD. SUITE 1015
CORAL GABLES, FLORIDA 33134**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0101 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, as the State of Florida. Such change was authorized by the corporation's board of directors. The following is a list of the appointment as registered agent. I am filing with and accept the appointment of Section 607.0101, Florida Statutes.

SIGNATURE

Juan V. Urdaneta

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

SIGNATURE:

Miguel B. Paris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

305-444-6669

CR3E034 (3/96)

*WSP
6/14/96*