

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90160 030 ***150.00

DOCUMENT # G71149

1. Corporation Name
ODYSSEY WORKS, INC.

Principal Place of Business
P.O. BOX 141736
CORAL GABLES FL 33144
US

Mailing Address
P.O. BOX 141736
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1983

4. FEI Number
59-2340285

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 90 GEORGE E. PATTERSON, JR.

2a. Mailing Address
26 90 JOSE R. TRAVIESO, JR.

Suite, Apt. #, etc.
22 7570 NW 14 STREET

Suite, Apt. #, etc.
27 P.O. Box 141736

City & State
23 MIAMI FL

City & State
28 CORAL GABLES, FL

Zip
24 33126

Country
25 US

9. Name and Address of Current Registered Agent

29 33114

10. Name and Address of New Registered Agent

PATTERSON, GEORGE E. JR.
7570 NW 14 ST.
MIAMI FL 33126

81 Name JOSE R. TRAVIESO, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
3155 PONCE DE LEON BLVD.

83

84 City CORAL GABLES FL

85 Zip Code 33134

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TRAVIESO, JOSE R., JR.
3155 PONCE DE LEON BLVD.
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANSUR, LUIS
L.G. SMITH BLVD. #146
ORANJESTAD, ARUBA N.V.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PATTERSON, GEORGE E. JR.
8285 S.W. 54TH AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT / SECRETARY ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)