

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H74963 (0)

1. Corporation Name

U.S. OVERSEAS TRADING, INC.

Principal Place of Business

**9251 SOUTHWEST 69TH STREET
MIAMI FL 33173**

Mailing Address

**9251 SOUTHWEST 69TH STREET
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1985

3a. Date of Last Report
06/01/1994

4. FEI Number
59-2575973

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. 190.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. # etc.

2a. Mailing Address

26. State, Apt. # etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, FRANCISCO J.
9251 SOUTHWEST 69TH STREET
MIAMI FL 33173**

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 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required, upon its filing in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am furnished with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER OFFICERS

PD
NAME: **ALONSO, REINALDO**
STREET ADDRESS: **2609 NW 7TH ST**
CITY, STATE, ZIP: **MIAMI FL**

1. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

SD
NAME: **FERNANDEZ, FRANCISCO J.**
STREET ADDRESS: **9251 SW 69TH ST**
CITY, STATE, ZIP: **MIAMI FL**

2. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

TD
NAME: **FERNANDEZ, ORLANDO**
STREET ADDRESS: **9251 SW 69 ST.**
CITY, STATE, ZIP: **MIAMI FL**

3. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

4. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

5. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

6. NAME
STREET ADDRESS
CITY, STATE, ZIP
☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 13.002(b), Florida Statutes. I further certify that the information included in 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 a resident of or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 422, Florida Statutes, and that my name appears in Block 1 on Block 1 of the annual report or supplemental annual report with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Orlando Fernandez

4/25/95