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.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 H74963 (0)DOCUMENT # U.S. OVERSEAS TRADING, INC. Mailing Address Principal Place of Business 9251 SOUTHWEST 69TH STREET 9251 SOUTHWEST 69TH STREET MIAM! FL 33173 MIAMI FL 33173 3a, Date of Last Report 3. Date incorporated or Qualified 09/09/1985 05/01/1995 Applied For Æ FELNumber 2a, Mailing Address Principal Place of Business 2. 59-2575973 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032. Florida Statutes Yes No. Country Zio Zip 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FERNANDEZ, FRANCISCO J. 82 Street Address (P.O. Box Number is Not Acceptable) 9251 SOUTHWEST 69TH STREET MIAMI FL 33173 83 Zip Cade 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE INOTE Registered Agent signature required when reinstating? Signature, typical or purified nature of registered agent and title diappiscable. (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TELLE THILE E034 ALONSO, REINALDO 1.2 NAME NAME 2609 NW 7TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Add-tion DELETE 2.1 TITLE SD TITLE FERNANDEZ, FRANCISCO J. 2.2 NAME NAME 9251 SW 69TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY - ST - ZIP FV - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE FERNANDEZ, ORLANDO 3.2 NAME NAME 9251 SW 69 ST. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4 C/TY - \$1 - 7/P CITY - ST - ZIP Change Addition DELETE 41 TITLE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C4TY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 furner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shar 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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