

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L79735** (1)  
1. Corporation Name  
**OVERSEAS COMPUTER TRADING CORPORATION**



Principal Place of Business  
**3140 N.W. 72ND AVENUE  
MIAMI FL 33122**

Mailing Address  
**3140 N.W. 72ND AVENUE  
MIAMI FL 33122**

3. Date Incorporated or Qualified  
**06/07/1990**

3a. Date of Last Report  
**04/20/1995**

4. FEI Number  
**65-0201218**

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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent

**SLJUSSAR, ANATOLY  
3140 N.W. 72ND AVENUE  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

**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 607.1508, 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	DP	<input type="checkbox"/> DELETE
NAME	SLJUSSAR, ANATOLY	
STREET ADDRESS	6601 COW PEN RD APT C201	
CITY - ST - ZIP	HIALEAH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VASINI, GIOVANNI	
STREET ADDRESS	UNICENTRO VIRGINIA(VENZ)	
CITY - ST - ZIP	MARACAIBO, VENEZUELA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	URENA, JUAN ALBERT	
STREET ADDRESS	CENTRO COMMERCIAL FUNVAL	
CITY - ST - ZIP	VALENCIA, VENEZUELA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CASTELLANOS, LUIS FELIPE	
STREET ADDRESS	CENTRO COMMERCIAL FUNVAL	
CITY - ST - ZIP	VALENCIA, VENEZUELA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	CENTRO COMMERCIAL FUNVAL	
CITY - ST - ZIP	VALENCIA, VENEZUELA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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. 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: *Anatoly Slussar* **ANATOLY SLUSSAR** 4/19/96 305-477-5407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)