

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90280 041 ***150.00

DOCUMENT # L79735

1. Corporation Name

OVERSEAS COMPUTER TRADING CORPORATION

Principal Place of Business

7370 NW 36TH ST
125
MIAMI FL 33166
US

Mailing Address

7370 NW 36TH ST
125
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLJUSSAR, ANATOLY
7370 NW 36TH ST
SUITE 125
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name SLJUSSAR ANATOLY
82 Street Address (P.O. Box Number is Not Acceptable)
13840 Lake Success Pl
83
84 City MIAMI LAKES FL 85 Zip Code 33014

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

Anatoly Sljussar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SLJUSSAR, ANATOLY	
STREET ADDRESS	14420 LAKE CANDLEWOOD CT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLJUSSAR ANATOLY	
1.3 STREET ADDRESS	13840 Lake Success Pl	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Anatoly Sljussar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (305) 362-9247

Date

Daytime Phone #

CR2E034 (11/98)

01304/2