

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

APPROVED
AND
FILED

1996 MAY -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000001803220

DOCUMENT # **L80779** (6)

1. Corporation Name

OVERSEAS PROPERTIES TRUST INC.

Principal Place of Business

Mailing Address

**MOISES GRANADOS
4250 SW 8 ST
MIAMI FL 33134**

**P.O. BOX 558703
MIAMI FL 33255
US**

3. Date Incorporated or Qualified
06/14/1990

3a. Date of Filing
05/01/1996
09/13/1995

4. FEI Number
65-0327306

Applied Fee
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRANADOS, MOISES
4250 SW 8 ST
MIAMI FL 33134**

81 Name

AmeriLawyer Chartered

82 Street Address (P.O. Box Number is Not Acceptable)

Lawrence J. Spiegel

83

343 Almeria Avenue

84 City

Coral Gables,

FL

85

Zip Code
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE **AmeriLawyer Chartered** Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**MARTINEZ, M.G.
4250 SW 8 ST
MIAMI FL 33134**

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

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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: **M.G. Martinez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)