

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 CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L96953** (9)

1. Corporation Name

**AMERICAN OVERSEAS TRADING CORPORATION**



Principal Place of Business

Mailing Address

~~805 S.W. 98TH COURT~~  
~~MIAMI FL 33174~~

**8133 SW 160 AVE**  
**MIAMI, FL 33193**

**P.O. BOX 651839**  
**MIAMI FL 33265**  
**USA**

2. Principal Place of Business

2a. Mailing Address

21 **8133 SW 160 AVE**

26 **Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI, FLORIDA**

28

Zip

Country

Zip

Country

24 **33193**

25 **U.S.A**

29

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**08/27/1990**

3a. Date of Last Report  
**06/09/1995**

4. FEI Number  
**65-0214503**

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

**GARCIA, RICARDO M.**  
~~**805 S.W. 98TH COURT**~~  
~~**MIAMI FL 33174**~~

81 Name  
**GARCIA, RICARDO M**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8133 SW 160 AVE**

83

84 City  
**MIAMI**

FL 85 Zip Code  
**33193**

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	<b>VDS</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, ELMER B.</b>	
STREET ADDRESS	<b>605 S.W. 98TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, RICARDO M.</b>	
STREET ADDRESS	<b>605 S.W. 98TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GARCIA, ELMER B.</b>	
13 STREET ADDRESS	<b>8133 SW 160 AVE</b>	
14 CITY-ST-ZIP	<b>MIAMI, FL 33193</b>	

21 TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>GARCIA, RICARDO M.</b>	
23 STREET ADDRESS	<b>8133 SW 160 AVE</b>	
24 CITY-ST-ZIP	<b>MIAMI, FL 33193</b>	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**RICARDO M. GARCIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-22-96 388-2273**  
DATE DAY OF MONTH YEAR

CR2E034 (3/96)