

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 21 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M21612** (0)

1. Corporation Name

**OVERSEAS TRADING CORPORATION OF AMERICA**

Principal Place of Business

**260 CRANDON BLVD., SUITE 14  
KEY BISCAYNE FL 33149**

Mailing Address

**260 CRANDON BLVD., SUITE 14  
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

4. Filing Number 59-2591895 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fee

8. This corporation has liability for intangibles under S. 100.039 Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

21. 1001 S. Bayshore Dr. 26. 1001 S. Bayshore Dr

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 2210 27. 2210

City & State City & State

23. Miami, FL 28. Miami, FL

Zip Country Zip Country

24. 33131 25. USA 29. 33131 30. USA

a. Name and Address of Current Registered Agent

**SENECA INVESTMENTS, INC  
260 CRANDON BLVD  
SUITE 14  
KEY BISCAYNE FL 33149**

81 Name

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

**1001 S. Bayshore Drive  
Suite 2210**

84 City

**Miami**

**FL**

85 Zip Code  
**33131**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | PD                   |
| NAME            | CHEHAB, EMLE         |
| STREET ADDRESS  | 260 CRANDON BLVD. 14 |
| CITY - ST - ZIP | MIAMI FL             |
| TITLE           | VTS                  |
| NAME            | ESTEFAN, CAMILO      |
| STREET ADDRESS  | 260 CRANDON BLVD. 14 |
| CITY - ST - ZIP | KEY BISCAYNE FL      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 1001 S. Bayshore drive #2210                                                 |
| 1.4 CITY - ST - ZIP | Miami, FL 33131                                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 1001 S. Bayshore Drive #2210                                                 |
| 2.4 CITY - ST - ZIP | Miami, FL 33131                                                              |
| 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 110.07(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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 (305) 577-4321