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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M55236** **(7)**

1. Corporation Name
OVERSEAS MARINE CORPORATION

Principal Place of Business
2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134
US

Mailing Address
2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2843438** — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GUTTMAN, RICHARD
2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134

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 607.0508, 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: [illegible] Registered Agent [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPT	1 TITLE	☐ Change ☐ Addition
1 NAME	ROSADO, JOSE F.	1 NAME	
1 STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	1 STREET ADDRESS	
1 CITY, ST, ZIP	CORAL GABLES FL	1 CITY, ST, ZIP	
2 TITLE	S	2 TITLE	☐ Change ☐ Addition
2 NAME	ROSADO, JOSE F.	2 NAME	
2 STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	2 STREET ADDRESS	
2 CITY, ST, ZIP	CORAL GABLES FL	2 CITY, ST, ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY, ST, ZIP		3 CITY, ST, ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY, ST, ZIP		4 CITY, ST, ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY, ST, ZIP		5 CITY, ST, ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY, ST, ZIP		6 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 1.01(12)(b), Florida Statutes. Further certify that the information indicated on the 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 hereof or on an attachment with the address.

SIGNATURE: [signature] 4/27/95 (305) 447-8697

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
JOSE F. ROSADO, President

0140323 CP