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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M55236

1. Corporation Name

OVERSEAS MARINE CORPORATION

May 04, 1999 8:00 am Secretary of State

05-04-1999 90046 033 ***158.75

OVERIOE .									
Principal Place	e of Business	Mailing Ad	dress				6-11: 2722- 0	1941 41011 44011 4	
2333 PONCE D	E LEON BLVD.	2333 PONC	E DE LEON BLV	D.					
SUITE 650		SUITE 650				DO NOT WIL	DITE IN THIS	PDACE	
CORAL GABLES FL 33134.		CORAL GABLES FL 33134					RITE IN THIS	SPACE	
U\$		US				3. Date Incorporated or Qualife	90		}
-		T 6- 11 00		<u>-</u>	* **	07/09/1987 4. FEI Number		1 1 4 5	plied For
2. Principal P	lace of Business	2a. Mailing	Address					L	plied For
21		26	0			<u>59-2843438</u>			t Applicable
Suite, Apt.	#, etc.	—-n	Apt. #, etc.			5. Certifcate of Status Desired	X	: \$8.75 A Fee Re	
22		27							
City & Stat	e	City &	State			6. Election Campaign Financin	g 🗀	\$5.00	
23	<u> </u>	28		<u> </u>		Trust Fund Contribution		Added t	o Fees
. Zip	- Country	Zip			intry	8. This corporation owes the cu	ırrent year Int	_	
24	25	29		30	, 	Personal Property Tax.	D1 1	☐ Yes	□No
	9. Name and Address of Current	t Registered A	gent		1	10. Name and Address of New RICHARD GUTTMAN, ESC	V Registered	Agent	
0.15	TIME DIGITADD				81 Name 1	ARLTON, FIELDS, WARL	ζυτίς <u>ς</u> Σ. ΕΜΜΔΝ	IIIEI SI	א מידדא 📗
	TMAN, RICHARD		•		82 Street Ad	dress (P.O. Box Number is Not Acce	ptable) CUT	LER, P	.A.
	PONCE DE LEON BLVD.					.E. 2ND STREET			
	E 650				83 CHTTE	4000			
COR	IAL GABLES FL 33134				SUITE	4000		85 Zip (Codo
					84 City MIAMI		FL	. 33	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508	Florida Statute	s the a	bove-named co	rporation submits this statement for the	ne purpose of	changing its	registered
office or r	egistered agent, or both, in the State of mediate familiar with, and accept the obligation	of Florida. Such	ande was a	uthorized	d by the corpora	tion's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
	m familiar with, and accept the oblidati			همدت سلت					
agent. I a		ions or, section	607.0505, 110	ida Stat	utes.	a_ (/-7	7.7. —	99	
agent. I a SIGNATURE	RICHARD GUTTMAN			rga Stat	the time	a 4-7	22 -	99	
SIGNATURE	RICHARD GUTTMAN Signature, typed or printed name of registered agent	t and title if applicable	(NOTE:	Registered	Agent signature requ		DATE	99 ID DIRECTO	RS IN 12
SIGNATURE	RICHARD GUTTMAN Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable	. (NOTE:	Registered	Agent signature requ	ADDITIONS/CHANGES TO C		99 DDIRECTO	RS IN 12
SIGNATURE 12. TITLE	RICHARD GUTTMAN Signature, typed or printed name of registered agent OFFICERS AND DPT	t and title if applicable	(NOTE:	Registered 13.	Agent signature requ				
SIGNATURE 12. TITLE NAME	RICHARD GUTTMAN Signature, typed or printed name of registered agent OFFICERS AND DPT ROSADO, JOSE F.	t and title if againcable D DIRECTORS	. (NOTE:	Registered 13. 1.1 Ti 1.2 No	I Agent signature requi				
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing coes 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 of 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 receiper or distance 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, as an address, with all other like empowered.

SIGNATURE: (OSE

6) TPRESIDENTEQUIRED