FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000027658 (2)

1. Corporation Name

FENICIA OVERSEAS CORP.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE 14TH FLOOR MIAMI FL 33131	801 BRICKELL AVENUE 14TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business: 3475 Sheridan
21 ~~5201 Blue Lagoon Dr.~~ Street
Suite, Apt. #, etc.
22 ~~Suite 100~~ Suite 214B
City & State: Hollywood
23 ~~Miami~~, Florida
Zip
24 ~~33126~~ 33021 | 25 Country

2a. Mailing Address: Same
26 ~~5201 Blue Lagoon Dr.~~
Suite, Apt. #, etc.
27 ~~Suite 100~~
City & State
28 ~~Miami, Florida~~
Zip
29 ~~33126~~ | 30 Country

4. FEI Number: 65-0418523 ☐ 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

9. **Name and Address of Current Registered Agent**

SKOLA, THOMAS J
801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
83 Suite 100
84 City: Miami FL 85 Zip Code: 33126

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] Date: 1/31/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: NOONAN, THOMAS STREET ADDRESS: 801 BRICKELL AVE, 14TH FLOOR CITY-ST-ZIP: MIAMI FL	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	~~PD~~ ~~NOONAN, THOMAS~~ ~~5201 BLUE LAGOON DRIVE, SUITE 100~~ ~~MIAMI FL~~	~~XX~~ Change ☐ Addition
TITLE: C NAME: JACOB, JORGE W STREET ADDRESS: 801 BRICKELL AVENUE, 14TH FLOOR CITY-ST-ZIP: MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	C JACOB, JORGE W 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL	XX Change ☐ Addition
TITLE: S NAME: JACOB, RENATO S STREET ADDRESS: 801 BRICKELL AVENUE, 14TH FLOOR CITY-ST-ZIP: MIAMI FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S JACOB, RENATO S 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL	XX Change ☐ Addition
TITLE: TD NAME: GILMORE, DOUGLAS STREET ADDRESS: 801 BRICKELL AVENUE, 14TH FLOOR CITY-ST-ZIP: MIAMI FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PTD GILMORE, DOUGLAS 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL	XX Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Douglas R. Gilmore — Douglas R. Gilmore — Date: 02/05/96 — Daytime Phone #: 954-894-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)