

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 NOV 19 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071524 (0)**

1. Corporation Name

**OVERSEAS SERVICES OF TAHITI, INC.**

Principal Place of Business

4713 E. LINEBAUGH AVE  
TAMPA FL 33617

Mailing Address

P.O. BOX 291392  
TAMPA FL 33697

**REINSTATEMENT**

3. Date Incorporated or Qualified **09/28/1994** 3a. Date of Last Report **10/03/1995**

2. Principal Place of Business

21 **10255 N.W. 116TH WAY**

2a. Mailing Address

**10255 N.W. 116TH WAY**

4. FEI Number

**59-3269711**

Suite, Apt. #, etc.

22 **3**

Suite, Apt. #, etc.

27 **3**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

23 **MEDLEY, FL.**

City & State

28 **MEDLEY, FL.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

24 **33178**

Country

Zip

29 **33178**

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LUGO, ALBERTO  
4713 E. LINEBAUGH AVE  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name **MERCY I. DOPAZO**  
82 Street Address (P.O. Box Number is Not Acceptable) **10255 N.W. 116TH WAY**  
83 **suite n° 3**  
84 City **Miacleah** 85 FL 86 Zip Code **33178**

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

*Mercy I. Dopazo*

(NOTE: Registered Agent signature required when reinstating)

DATE **11/01/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>GOCHE, GERALD C</b>
STREET ADDRESS	<b>PO BOX 14176 N/A ARUE TAHITI</b>
CITY-ST-ZIP	<b>FRENCH POLYNESIA SOUTH PACIF</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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10255 N.W. 116TH WAY # 3</b>
1.4 CITY-ST-ZIP	<b>MEDLEY, FL. 33178</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>MERCY I. DOPAZO</b>
2.4 CITY-ST-ZIP	<b>10255 N.W. 116TH WAY #3</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>700002011837</b>
3.3 STREET ADDRESS	<b>-11/22/96--01002--011</b>
3.4 CITY-ST-ZIP	<b>***375.00 ***375.00</b>
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 119.07(3)(b), 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: *Mercy I. Dopazo*

DATE **11/01/96** 883-0065

CR2E034 (12/95)