

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 # P95000006469
1. Corporation Name

DELPOMAR OVERSEA, INC.



Principal Place of Business Mailing Address

7220 N.W. 36 STREET, STE. 634
MIAMI, FLORIDA 33166

3. Date Incorporated or Qualified 01/25/95
3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 7220 N.W. 36 STREET
27 Suite, Apt. #, etc.
28 SUITE 634
29 City & State
30 MIAMI, FLORIDA
31 Zip
32 33166
33 Country
34 U.S.A.

4. FEI Number 65-0551507
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DONALD J. KAHN ESQ.
317 71st. STREET
MIAMI BEACH, FLORIDA 33141

10. Name and Address of New Registered Agent
81 Name JUAN A. DEL PINO
82 Street Address (P.O. Box Number is Not Acceptable) 4500 N.W. 99Ct. # 305
83
84 City MIAMI FL 85 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 JUAN A. DEL PINO PRESIDENT 4/30/96

Signature type and print name of registered agent and for each director (NOTE: Registered Agent signature required when not stated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P ☐ DELETE	1. TITLE	D/P ☒ Change ☐ Addition
NAME	Juan A. Del Pino	2. NAME	Juan A. Del Pino
STREET ADDRESS	4500 NW 99Ct. # 305 Miami, Fl.	3. STREET ADDRESS	4500 NW 99Ct. # 305 Miami, Fl.
CITY-STATE-ZIP	33178	4. CITY-STATE-ZIP	33178
TITLE	D/S ☐ DELETE	5. TITLE	D/S ☒ Change ☐ Addition
NAME	Juan Carlos Pontrandolfo	6. NAME	Juan Carlos Pontrandolfo
STREET ADDRESS	4500 NW 99Ct # 305 Miami, Fl.	7. STREET ADDRESS	4500 NW 99Ct # 305 Miami, Fl.
CITY-STATE-ZIP	33178	8. CITY-STATE-ZIP	33178
TITLE	D/V ☐ DELETE	9. TITLE	D/V ☒ Change ☐ Addition
NAME	Pedro Pontrandolfo	10. NAME	Pedro Pontrandolfo
STREET ADDRESS	4500 NW 99Ct # 305 Miami, Fl.	11. STREET ADDRESS	4500 NW 99Ct. # 305 Miami, Fl.
CITY-STATE-ZIP	33178	12. CITY-STATE-ZIP	33178
TITLE	D/T ☐ DELETE	13. TITLE	D/T ☒ Change ☐ Addition
NAME	Gaspere Marascia	14. NAME	Gaspere Marascia
STREET ADDRESS	4500 NW 99Ct # 305 Miami, Fl.	15. STREET ADDRESS	4500 NW 99Ct # 305 Miami, Fl.
CITY-STATE-ZIP	33178	16. CITY-STATE-ZIP	33178
TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

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-05/20/96--01002--036
***200.00

SIGNATURE: JUAN A. DEL PINO PRESIDENT

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

CR2E034 (12/95)