FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # P95000006469

1. Corporation Name

DELPOMAR OVERSEA, INC.

Principal Place of Business	Mailing Address
7220 N.W. 36 STREET, SUITE 610 MIAMI, FLORIDA 33166	

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

2. Principal Place of Business	2a. Mailing Address
21	26 7220 N.W. 36 St.
22 Suite, Apt. #, etc.	27 SUITE 610
23 City & State	28 MIAMI, FLORIDA
24 Zip / 25 Country	29 33166 / 30 U.S.A.

4. FEI Number: 65-0551507 ☐ 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 XXX☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUAN A. DEL PINO 10065 N.W. 46 ST. # 101 MIAMI, FLORIDA 33178	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 607.1508, 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 DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P JUAN A. DEL PINO 10065 N.W. 46 ST. #101 Miami, Fl. 33178 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P JUAN A. DEL PINO 10065 N.W. 46 St. # 101 Miami, Fl. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S JUAN C. PONTRANDOLFO 10065 N.W 46 St. # 101 Miami, Fl. 33178 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/S JUAN C. PONTRANDOLFO 10065 N.W. 46 St. # 101 Miami, Fl. 33178 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V PEDRO PONTRANDOLFO 10065 N.W 46 St. # 101 Miami, Fl. 33178 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/V PEDRO PONTRANDOLFO 10065 N.W. 46 St. # 101 Miami, Fl. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T GASPARE MARASCIA 10065 N.W. 46 St. # 101 Miami, Fl. 33178 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/T GASPARE MARASCIA 10065 N.W. 46 St. # 101 Miami, Fl. 33178 ☒ 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	800002125398 -03/27/97--01001--007 ***165.00 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 if changed, or on an attachment with an address.

SIGNATURE: JUAN A. DEL PINO PRESIDENT 305-418-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #