

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000006469 (7)

1. Corporation Name  
DELPOMAR OVERSEA, INC.

Principal Place of Business

7220 N.W. 36 STREET  
SUITE 610  
MIAMI FL 33166

Mailing Address

7220 N.W. 36 STREET  
SUITE 610  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7220 N.W. 36 St.

Suite, Apt. #, etc.

22 515

City & State

23 MIAMI

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 7220 N.W. 36 St.

Suite, Apt. #, etc.

27 515

City & State

28 MIAMI

Zip

29 33166

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/25/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEL PINO, JUAN A  
10085 N.W. 46 ST.  
#101  
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

DEL PINO JUAN A.

82 Street Address (P.O. Box Number is Not Acceptable)

11317 N.W. 50 Terrace

83

84 City

MIAMI

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0802 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*  
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT JUAN A. DEL PINO

(NOTE: Registered Agent signature required when reinstating)

4/27/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS DEL PINO, JUAN A  
CITY-ST-ZIP 10085 N.W. 46 ST. #101  
MIAMI FL 33178

TITLE ☒ DELETE

NAME DS  
STREET ADDRESS PONTRANDOLFO, JUAN C  
CITY-ST-ZIP 10085 N.W. 46 ST. #101  
MIAMI FL 33178

TITLE ☒ DELETE

NAME DV  
STREET ADDRESS PONTRANDOLFO, PEDRO  
CITY-ST-ZIP 10085 N.W. 46 ST. #101  
MIAMI FL 33178

TITLE ☒ DELETE

NAME DT  
STREET ADDRESS MARASCIA, GASPARE  
CITY-ST-ZIP 10085 N.W. 46 ST. #101  
MIAMI FL 33178

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Juan A. Del Pino

1.3 STREET ADDRESS 11317 N.W. 50 Tr. Miami, FL 33178

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

*Juan A. Del Pino*  
PRESIDENT JUAN A. DEL PINO

4/27/98 (305) 418-4484

CR2E034 (10/97)