

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091619 (3)

1. Corporation Name
MICROTRONIC OVERSEAS, CORP.

Principal Place of Business

999 S BAYSHORE DR. #12H
MIAMI FL 33131

Mailing Address

999 S BAYSHORE DR. #12H
MIAMI FL 33131-2021



2. Principal Place of Business

21 5601 COLLINS AVENUE

Suite, Apt. #, etc.

22 SUITE #1720

City & State

23 MIAMI BEACH FL

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 5601 COLLINS AVENUE

Suite, Apt. #, etc.

27 SUITE #1720

City & State

28 MIAMI BEACH FL

Zip

29 33140

Country

30 USA

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0624544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

XX Yes ☐ No

9. Name and Address of Current Registered Agent

~~DE SOUZA, MARIA T~~
~~801 BAYSHORE DR. #308~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
PERICLES PINTO SILVA

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

25 S.E. 2ND AVENUE

83 #1242

84 City
MIAMI

FL

85 Zip Code
33131

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

Pericles Pinto Silva 1-22-97

Signature of registered name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BOSCHETTI, LUIZ C
STREET ADDRESS
RUA PAISSANDU 467, BAIRRO PARTENON
CITY - ST - ZIP
PORTO ALLEGRE-RIO GRANDE, BZ

TITLE ☐ DELETE

NAME
VSD
FONTOURA, GERSON B
STREET ADDRESS
LIMA 129, APT 802 BELA VISTA PORTO ALEGRE
CITY - ST - ZIP
CEP 90.470-120 FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis C. Boschetti

Date

Daytime Phone #

CR2E034 (9/96)