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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9600004207

OVERSEAS COMMUNICATION INVESTMENTS CORP.

FLORIDA DEPARTMENT OF STATE

Secretary of State

## Katherine Harris

DIVISION OF CORPORATIONS

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90071 043 \*\*\*150.00

Principal Place	of Business	Mailing Address	Mailing Address						
C/O 101 MADEIRA AVENUE			C/O 101 MADEIRA AVENUE						
CORAL GABLES FL 33134		CORAL GABLES FL 33134	CORAL GABLES FL 33134			M TON OU	RITE IN THIS	SPACE	
					2 Dat	te Incorporated or Qualif		017102	
						/12/1996	00		
A 5 : I B		2a. Mailing Address		•		Number		- Anr	olied For
	ace of Business	— <u> </u>				-0727196			Applicable
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Suite, Apt. #, etc.		——————————————————————————————————————				rtifcate of Status Desired	ı. 🗆	Fee Rec	I
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Zip	Country	Zip		u y		s corporation owes the or sonal Property Tax.	urient year inte		□No
24	25	<del></del>	30	<del></del>		me and Address of Ne	w Registered	<u> </u>	
	9. Name and Address o	f Current Registered Agent		31 Name	Δrazos	za Comas	de Tori	ces &	
` ARA	ZOZA, COMAS, DE TORF	RES & FERNANDEZ, ET.	[	1 valine	Fernar	za, Comas, ndez-Fraga, Box Number is Not Acce	P.A.		
	MADEIRA AVENUE	TEO G T ENTITUDEE, C.T.	Ī	32 Street A	Address (P.O.	Box Number is Not Acce	eptable)		
	AL GABLES FL 33134		L.		2100 \$	Salzedo Str	eet		
COR	AL GABLES FL 33134		['	33	Suite	300			
				34 City		Gables,		85 Zip C	
							<u> </u>	33	134
11. Pursuant t	to the provisions of Sections	507,0502 and 607,1508, Florida Statut ne State of Florida. Such change was a gookligations of, Section 607,0505, Flor	es, the ab- athorized	ove-named ones	corporation sul tration's board	of directors. I hereby ac	tne purpose of a cept the appoir	changing its r atment as reg	istered
agent. I ar	m familiar with, and accept the	obligations of, Section 607.0505, Flor	ida Statut	es.		,		-	
SIGNATURE	116	Ma Ma	ınagı	ng ar	rector		2/2/9	99	
0.0.1.1.0.KZ	Signature, typed or printed name of reg	***************************************		gent signature re	equired when reinsta		DATE	D DIDECTO	DO 191 40
12.	OFFIC	1	13.		ADD	ITIONS/CHANGES TO	OFFICERS AN	Change	Addition
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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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: