PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

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DOCUMENT # P9600020900

1. Corporation Name

OVERSEAS TRADE CONNECTION, INC.

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Principal Place	e of Business	Mailing Address		A 19 1 19 19 19 19 19 19 19 19 19 19 19 1
800 SE 3 AVE		800 SE 3RD AVE		n it − viT
300		300 FT LAUDEDDALE EL 22016		DO NOT WRITE IN THIS SPACE
11 0.000.00.00		FT LAUDERDALE FL 33316 US		3. Date Incorporated or Qualifed
50				03/07/1996
Principal Place of Business 2a. Mailing Address				4. FEI Number, Applied For
21 800 8	SE Third Avenue	26 800 SE Thir	d Avenue	65-0661856
F 201 F 201		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 301		301		rae;requieu 4
City & State 23 Ft. Lauderdale		City & State 28 Ft, Lauderdale		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8 This composition owes the current year Intangible
24 33316 25 USA 29 33316		— — · — —	⊸ , •	Personal Property Tax.
24 33310	9. Name and Address of Curre		ODI	10. Name and Address of New Registered Agent
			81 Name	E, Mark J.
EADATE, MARIN 9			dress (P.O. Box Number is Not Acceptable)	
800 SE 3HD AVE 800 S			E Third Avenue	
SUITE 300			. 201	
. FIL	AUDERDALE FL 33316		Suite 84 City	851 Zin Code
			P+ T	auderdale FL 33316
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.	. / /-
SIGNATURE	1 STE		MARK	<u> </u>
	Signature, typed or printed name of registered ag		egistered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	D, P, T, S Change Change Change
TITLE	PARRAVIĆINI, SILVANO	C Deterie	1.2 NAME	PARRAVICINI, Silvano
NAME	000 OF 000 AVE OTE 000		1.3 STREET ADDRESS	800 SE Third Avenue, Suite 301
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL			Ft. Lauderdale, FL 33316
TITLE	770000000000000000000000000000000000000	☐ DELETE		Asst. Secretary Change Addition
NAME				LABATE, CMark, Jilyano
STREET ADDRESS			2.3 STREET ADDRESS	800 SE Third Avenue, Suite 301
CITY-ST-ZIP	ļ		2. 4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE		☐ DELETE	3.1 TITLE -	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS	- U.		4.3 STREET ADDRESS	,
CITY-ST-ZIP			4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	₹ v	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	j		5.2 NAME 5.3 STREET ADDRESS	•
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE	I		W. 1 111 LEE	C onengo C Addition
}			62 NAME	ľ
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	

14. 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.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

APR. ZLST