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FILED
May 05 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 # P96000022367 (2)

1. Corporation Name

OVERSEAS TELECOM, INC.

Principal Place of Business
3200 N.W. 110TH STREET
MIAMI FL 33167

Mailing Address
3200 N.W. 110TH STREET
MIAMI FL 33167-3718

3. Date Incorporated or Qualified
03/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Citicenter- 290 NW. 165 ST.
Suite, Apt. #, etc.

26 Citicenter- 290 N.W.165 ST.
Suite, Apt. #, etc.

22 SUITE 750

27 SUITE 750

City & State

City & State

23 MIAMI, FLA. 33169

28 MIAMI, FLA. 33169

24 Zip
33169

Country
U.S.A.

29 Zip
33169

Country
U.S.A.

4. FEI Number

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 ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAMA, LEA A ESQ.
888 S.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33316

81 Name
ALBERTO M. SALAMA T.

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

83

84 City
HALLANDALE

FL 85 33009

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

ALBERTO M. SALAMA T.

04/28/97

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME LUIS VANEGAS
STREET ADDRESS 6830 S.W. 94 CT.
CITY-ST-ZIP MIAMI, FLA. 33173

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Vice-President
NAME SAMUEL M. SALAMA T.
STREET ADDRESS 3802 N.E. 207 ST. # 1702
CITY-ST-ZIP AVENTURA, FLA. 33180

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V.P. TREASURER
NAME ELIAS M. SALAMA T.
STREET ADDRESS 3802 N.E. 207 ST. # TH 7
CITY-ST-ZIP AVENTURA, FLA. 33180

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V.P. SECRETARY
NAME ALBERTO M. SALAMA T.
STREET ADDRESS 401 HOLIDAY, DRIVE
CITY-ST-ZIP HALLANDALE, FLA. 33009

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DIRECTOR
NAME JAIME ORTEGA
STREET ADDRESS 1235 N.E. 95 ST.
CITY-ST-ZIP MIAMI, FLA. 33138

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

04/28/97

(305) 957-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0229440

CR2E034 (9/96)