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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000031191 (5)

FILED Jan 22 1998 8:00am Secretary of State

	OND OVERSEAS LID., INC.				
Principal Plac	ce of Business	Mailing Address			a titet tient tiete teift siet iffet
601 BRICKELL KEY DR SUITE E MIAMI FL 33131		601 BRICKELL KEY DR SU MIAMI FL 33131	IITE E	DO NOT WRITE IN TH	JIC COACE
				3. Date Incorporated or Qualified	10 OF ACL
ļ				04/10/1996	
	Place of Business	2a. Mailing Address	4	4. FEI Number	Applied For
21 3006	AVIATION AVE	26 3006 AVIAT	ION AVE.	65-0660788	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22 _ 2	-A	27 2.A		5. Certificate of Status Desired	Fee Required
City & Star	10	City & State		8. Election Campaign Financing	\$5.00 May Be
	UT GROVE, FLORIDA	28 COCONUTGROVE	F, FLORIUA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	' '
<u>교 331</u>		29 33/22 3	0	Personal Property Tax due June 30.	☐ Yes ☐ No
ļ	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	/ILA, EDUARDO		1 1 "	AVILA, EDUARDO	ľ
601 BRICKELL KEY DR SUITE E			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
į Mi	AMI FL 33131		83 30	OG AVIATION ARE.	
1			63	2.H	
			84 City	T (25%	85 Zip Code
	- 45	1 007 4500 Flatin Ont to	Care		L 3 33/32
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 provided the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, pyter or printer name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.	OFFICERS AND		egistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	OPS	DELETE	1.1 TITLE	ADDITIONO OF TAXABLE TO OTTIOL TO	Change Addition
NAME	AVILA, EDUARDO		1.2 NAME		
STREET ADORESS	601 BRICKELL KEY DR SUITE	F	1.3 STREET ADDRESS		3
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		מַ
TITLE	<u>ST</u>	DELETE	2.1 TITLE		Change Addition
NAME	GONZALEZ, AWILDA	_	2.2 NAME		_ , _
STREET ADDRESS	601 BRICKELL KEY DR. SUITE	E	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	-	2.4 CITY-ST-ZIP		
TITLE	VP.	DELETE	3.1 TITLE		Change Addition
NAME	ROQUE, MANUEL O	. —	3.2 NAME		
STREET ADDRESS	601 BRICKELL KEY DR. SUITE	E	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	_	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		. –
STREET ADDRESS			4.3 STREET ADDRESS		
ČITY - ST - ZIP	•		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 pustee 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.