

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

FILED

Feb 07 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 # P96000088002 (6)

1. Corporation Name

OVERSEAS PURCHASING SERVICES, INC.

Principal Place of Business

848 BRICKELL AVENUE
SUITE 1215
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE
SUITE 1215
MIAMI FL 33131-2943



3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

4. FEI Number

65-0718335

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

2. Principal Place of Business

21 999 South Bayshore Drive

2a. Mailing Address

26 999 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

22 908

Suite, Apt. #, etc.

27 908

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 EE.UU

Zip

29 33131

Country

30 EE.UU

9. Name and Address of Current Registered Agent

TORRIENTE, COSME DE LA ESQUIRE
155 SOUTHWEST 25TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

MARIO O TARIELLO PASSARELLI

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

999 South Bayshore Dr Ste 908

83

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. I am familiar with the provisions of the Florida Statutes, and I hereby accept the appointment as registered agent. I am familiar with the provisions of the Florida Statutes, and I hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME TARIELLO PASSARELLI, MARIO O
STREET ADDRESS 999 SOUTH BAYSHORE DRIVE, #908
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE TD
NAME CANO, ELIZABETH
STREET ADDRESS 999 SOUTH BAYSHORE DRIVE, SUITE 908
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MO/YR

CR2E034 (9/96)