

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90138 012 ***150.00

DOCUMENT # P96000088002

1. Corporation Name

OVERSEAS PURCHASING SERVICES, INC.

Principal Place of Business

999 SOUTH BAYSHORE DRIVE
908
MIAMI HO 33131
US

Mailing Address

999 SOUTH BAYSHORE DR
908
MIAMI HO 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

65-0718335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 8591 N.W. 72ND STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 8591 N.W. 72ND STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

TARIELLO PASSARELLI, MARIO O
999 SOUTH BAYSHORE DR
SUITE 908
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name TORIELLO PASSARELLI, MARIO R.

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

83 8591 N.W. 72ND STREET

84

City MIAMI

FL

85 Zip Code 33166

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

Signature, typed, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/99

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

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME TORIELLO PASSARELLI, MARIO R.
1.3 STREET ADDRESS 8591 N.W. 72ND STREET
1.4 CITY-ST-ZIP MIAMI, FL 33166

☒ Change ☐ Addition

2.1 TITLE TD
2.2 NAME CANO, ELIZABETH
2.3 STREET ADDRESS 8591 N.W. 72ND STREET
2.4 CITY-ST-ZIP MIAMI, FL 33166

☒ Change ☐ Addition

3.1 TITLE DIRECTOR
3.2 NAME CANO, CIARA
3.3 STREET ADDRESS 8591 N.W. 72ND STREET
3.4 CITY-ST-ZIP MIAMI, FL 33166

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Elizabeth Cano REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/99
Date

Daytime Phone #

CR2E034 (1/198)