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

**PROFIT** Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000082649 (9 o mental Blence OVERSEAS SALES OF AMERICA, INC. ւն Mi. ... ու Մևև Principal Place of Business Mailing Address 11900 BISCAYNE BOULEVARD 11900 BISCAYNE BOULEVARD Suite 408 SUITE 408 DO NOT WRITE IN THIS SPACE NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 09/24/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0786066 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRANTZ, JEFFREY W 11900 BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 408** 83 NORTH MIAMI FL 33181 В4 Zip Code 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STOP DELETE TITLE 1.1 TITLE ☐ Change Addition NAME FRANTZ, JEFFREY W 1.2 NAME 11900 BISCAYNE BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITI F 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE \_\_\_ Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 10000245024 Change DELETE TITLE 6.1 TITLE Addition -0**4**/16/98--01030--0**0**3 NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 altaging physical trustice.

CITY-ST-ZIP

**FILED**