## 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

## DOCUMENT # P97000082649

1. Corporation Name

OVERSEAS SALES OF AMERICA, INC.

<b>.</b> .						
Principal Place of Business Mailing Address					I (\$20) \$10 (\$10) (\$20) \$20) \$20) \$300 \$300 \$300 \$300 \$300 \$300 \$300 \$3	,
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	$\neg$
					09/24/1997	l
2 Principal Pl	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number Applied For	$\neg$
21 26					65-0786066 Not Applicab	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	ļ
22 27		27			5. Certificate of Status Desired Fee Required	_
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		_ <u>_</u>		Trust Fund Contribution Added to Fees	{
Zip	Country	·		<i>(</i>	8. This corporation owes the current year Intangible	
24	[25]	29 30	01.		Personal Property Tax. Yes No.  10. Name and Address of New Registered Agent	$\dashv$
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Haine and Address of New Register of Agent	一
FRANTZ, JEFFREY W				L		
11900 BISCAYNE BOULEVARD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE 408			83			ㅓ
NORTH MIAMI FL 33181			L			_
HOTTIS MINIM LE 00 10 1			84	City	FL 85 Zip Code	
D. D. Walland	the provinces of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named co	experation submits this statement for the numose of changing its registered	i
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 or printed name of registered agei	nt and title if applicable. (NOTE: R	egistered Age	nt signature requ	quired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addi	tion
NAME	FRANTZ, JEFFREY W		1.2 NAME			Ì
STREET ADDRESS	11900 BISCAYNE BOULEVARD	)	1.3 STREE	TADDRESS	,	
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-8	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addi	tion
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		ļ
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NAME			5.2 NAME	ŀ		
STREET ADDRESS	•		B .	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	Change Fl Add	ition
TITLE	,	☐ DELETE	6.1 TITLE		☐ Change ☐ Addi	IIOII
NAME	1 .		6.2 NAME	į.	'	- 1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey W. J. Frantz, President 4/22/99

(305)374-9700

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90028 031 \*\*\*150.00

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 attachage the with an address, with all other like empowered.