

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
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DOCUMENT # P98000004742

1. Corporation Name

CONTINENTAL OVERSEAS SERVICES, INC.

Principal Place of Business

6955 NW 55 ST. STE 209
MIAMI, FLORIDA 33166

Mailing Address

15630 SW 80 ST #102
MIAMI, FL 33193

99 JUL 29 PM 12:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6955 NW 55 STREET	26 15630 SW 80 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 209	27 #102
City & State	City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
Zip	Zip
24 33166	29 33193
Country	Country
25 DADE	30 DADE

3. Date Incorporated or Qualified

JANUARY 15, 1998

4. FEI Number

65-0813170

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ORLANDO UGALDE

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

15630 SW 80 ST #102

83

84 City

MIAMI

FL

85 Zip Code

33193

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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D ORLANDO UGALDE
STREET ADDRESS		1.3 STREET ADDRESS	15630 SW 80 STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33193
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400002959594--5
STREET ADDRESS		2.3 STREET ADDRESS	-08/13/99--01091--007
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

ORLANDO UGALDE

Date

Daytime Phone #

7/19/99

CR2E034 (11/98)

Continental Overseas Services, Inc.
6955 NW 52 Street Ste 209
Miami, Florida 33166

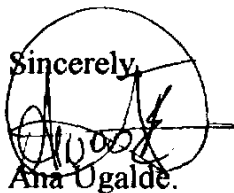
July 8th, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To whom it may concern,

Please note that we thinking we had filed the annual report missed the deadline for filing it without penalty. In addition, we have noticed that the address on the your records is an address that is very old. It is the very first address that we opened the company.

We are requesting to abate the penalty of \$400 for this year. Thank you in advance for your attention and time in this matter.

Sincerely,

Ana Ugalde.