

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 SEP 27 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000086764

1. Corporation Name

INTERNATIONAL OVERSEAS GROUP, INC.

Principal Place of Business

17478 SW 36TH STREET  
MIRAMAR FL 33027

Mailing Address

17478 SW 36TH STREET  
MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

2. Principal Place of Business

21 20911 Jhaves St  
Suite, Apt. #, etc.

2a. Mailing Address

26 20911 Jhaves St  
Suite, Apt. #, etc.

22 123  
City & State

27 123  
City & State

23 Pensacola Pines FL  
Zip 33029 Country

28 Pensacola Pines FL  
Zip 33029 Country

24 33029  
25

29 33029  
30

4. FEI Number

Applied

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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HART, DAVID J  
100 N BISCAYNE BLVD. SUITE #2600  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

SONIA M. BORTOLIN

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

5005 HIATUS RD

83

84 City

Sumrise

FL

85 Zip Code

33351

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 SONIA M. BORTOLIN

9-10-99

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 D  
NAME BELLORIN-ROSARIO, ALCIDES ALBERT  
STREET ADDRESS 17478 SW 36TH STREET  
CITY-STATE-ZIP MIRAMAR FL 33027

☐ DELETE

TITLE D  
NAME SALAS, MARTHA  
STREET ADDRESS 17478 SW 36TH STREET  
CITY-STATE-ZIP MIRAMAR FL 33027

☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E034 (5/99)

July 30, 1999

**Florida Department of State  
Division of Corporations  
Tallahassee, Fl**

Dear Sirs:

Please take note that my agent did not forward this reports to me until really late in July.  
Please find the checks for the amount due and accept my apologies for sending it late.  
Also please note that the correct address in my forms should be:

**20911 Johnson St, Suite 123  
Pembroke Pines, Fl 33029**

Thank you for your understanding,

Sincerely,

  
**Alberto Bellerin**