

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S54193** (5)

1. Corporation Name

**MODEP OVERSEAS U.S.A., INC.**



Principal Place of Business

Mailing Address

**C/O MARTIN E PONS  
BOX 110839  
MIAMI FL 33156**

**C/O MARTIN E PONS  
BOX 110839  
MIAMI FL 33156**

3. Date Incorporated or Qualified  
**05/20/1991**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **13727 S.W. 152 ST.**

26 **13727 S.W. 152 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 325**

27 **SUITE 325**

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FLA.**

Zip

Country

Zip

Country

24 **33177**

25

29 **33177**

30

4. FEI Number

**65-0334243**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONS, MARTIN  
169 E FLAGLER ST #1517  
MIAMI FL 33131**

81 Name

**MARTIN E. PONS**

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

**200 S. BISCAYNE BLVD.**

83

**# 4920**

84 City

**MIAMI**

FL

85 Zip Code

**33131**

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

*Martin E. Pons*  
Signature, typed or printed name of registered agent and title if applicable.

**MARTIN E. PONS**  
(NOTE: Registered Agent signature required when reappointing.)

DATE

**4/17/95**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PONS, MARTIN E</b>
STREET ADDRESS	<b>8460 N KENDALL DR</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PONS, MARTIN E.</b>
1.3 STREET ADDRESS	<b>13727 S.W. 152 ST. #325</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33177</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Martin E. Pons*

**MARTIN E. PONS**

DATE

**4/17/96 (305) 373-5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)