

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 # **V02137** (0)

1. Corporation Name

OVERSEAS TOMLINSON CORPORATION



Principal Place of Business

Mailing Address

~~C/O BLACKWELL & WALKER
1 S.E. 3RD AVE., 2400 SUNBANK INT'L.
MIAMI FL 33131
US~~

~~C/O BLACKWELL & WALKER
1 S.E. 3RD AVE., 2400 SUNBANK INT'L.
MIAMI FL 33131
US~~

3. Date Incorporated or Qualified

12/24/1991

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O WAMPLER, Buchanan & Breen**
Suite, Apt. #, etc.

26 **C/O Wampler Buchanan & Breen**
Suite, Apt. #, etc.

22 **900 SUNTRUST BUILDING**
City & State

27 **777 Brickell Ave., #900**
City & State

23 **777 Brickell Avenue, #900**
City & State

28 **Miami, Florida**
City & State

24 **33131**
Zip

Dade
County

29 **33131**
Zip

Dade
County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REY-MORAN, MONICA
1 S.E. 3RD AVE.
2400 SUNBANK INT'L.
MIAMI FL 33131**

81 Name

MONICA A. REY-MORAN

82

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

777 Brickell Avenue

83

Suite 900

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when renouncing)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DOWNS, PAUL**
CITY-ST-ZIP **711 5TH AVE**
NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

(212) 832-8300

Daytime Phone #

CR2E034 (12/95)