

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

**APPROVED
AND
FILED**

65 MAY -1 AM 4: 33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V09000 (3) 1. CORPORATION NAME OVERSEAS TRADING INTERNATIONAL S.A., INC.					

Principal Place of Business: 7825 NORTH WEST 12TH STREET, SUITE 324 MIAMI FL 33126		Mailing Address: 7825 NORTH WEST 12TH STREET, SUITE 324 MIAMI FL 33126	
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2. Principal Place of Business: 21 State Apt. # etc. 22 City & State 23 Zip		2a. Mailing Address: 26 State Apt. # etc. 27 City & State 28 Zip	
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3. Date Incorporated or Qualified: 01/24/1992	3a. Date of Last Report: 10/03/1994
4. FEI Number: 65-0307265	☐ 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	

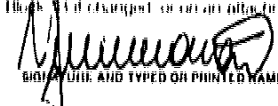
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GUIMARAES, MARCIO 7825 NORTH WEST 12TH STREET, SUITE 324 MIAMI FL 33126				81. Name:	
				82. Street Address (P.O. Box Number is Not Acceptable):	
				83.	
				84. City: FL 85. Zip Code:	

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 607.0508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If Any)	
TITLE: PST NAME: GUIMARAES, MARCIO STREET ADDRESS: 7825 NORTH WEST 12TH STREET, SUITE 324 CITY, ST. ZIP: MIAMI FL 33126		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY, ST. ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY, ST. ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY, ST. ZIP:		☐ Change ☐ Addition	
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TITLE: NAME: STREET ADDRESS: CITY, ST. ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY, ST. ZIP:		☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 officer or director 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:  **4/28/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra H. Matheson Secretary of State 100 North Florida Avenue, Suite 100 Tallahassee, Florida 32301-1000
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DOCUMENT # V09010	(2)
1. Corporation Name: FOUNTAIN FANTASY, INC.	

Principal Place of Business: 3183 AIRWAY AVE BLDG E STE 113 COSTA MESA CA 92626 US	Principal Place of Business: 3183 AIRWAY AVE BLDG E STE 113 COSTA MESA CA 92626 US
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2. Principal Place of Business: 21	2a. Mailing Address: 26
State: 22	State: 27
City: 23	City: 28
Zip: 24	Zip: 29
County: 25	County: 30

APPROVED
1-13
MAY 2 1995
SECRET
TALLAHASSEE
STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Corporation: 01/24/1992	3a. Date of Last Report: 04/29/1994
4. FIC Number: 59-3107299	Applied For: ☐ Not Applicable
5. Certificate of Status Prepared: ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions: ☐	\$5.00 May Be Added to Fees
8. This corporation is not liable for any penalty for failure to file its report: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent: HOUSTON, BART A. 100 N.E. 3RD AVENUE SUITE 850 FT. LAUDERDALE FL 33301-1146	
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10. Name and Address of New Registered Agent:	
81. Name:	
82. Street Address (if Co. has changed or Not Applicable):	
83. City:	
84. State:	FL
85. Zip Code:	

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, the undersigned, as registered agent, hereby certifies that the information furnished in this statement is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the new registered agent, Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
OP	GILLESPIE, ANDREW J		
STREET ADDRESS	3183 AIRWAY AVE, BLDG E, STE 113		
CITY, STATE, ZIP	COSTA MESA CA		
TITLE	NAME		
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, STATE, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and correct, and that the corporation is in good standing for the purposes stated in Section 601 (2) (b), Florida Statutes. I further certify that the information submitted on this report complies with the annual report requirements 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, the name of which is registered in the State of Florida, as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 of this filing. I am not a director or officer of the corporation.

SIGNATURE: *Andrew J Gillespie* 4/29/95 (714) 850-1507
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR