

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:01

DOCUMENT # **H24644** (7)

1. Corporation Name
OVERSEAS FORWARDING CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 3271 NW 28TH STREET MIAMI FL 33142	Mailing Address 3271 NW 28TH STREET MIAMI FL 33142
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3. Date Incorporated or Qualified 10/09/1984	3a. Date of Last Report 02/08/1994
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2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 59-2463478	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GARCIA, GONZALO
1714 FERDINAND STREET
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENGOCHEA, CARLOS J.
STREET ADDRESS	2220 SW 123RD CT
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	GARCIA, GONZALO
STREET ADDRESS	1714 FERDINAND STREET
CITY- ST- ZIP	CORAL GABLES FL
TITLE	SD
NAME	GARCIA, MIREYA
STREET ADDRESS	1714 FERDINAND STREET
CITY- ST- ZIP	CORAL GABLES FL
TITLE	TD
NAME	BENGOCHEA, OLGA
STREET ADDRESS	2220 SW 123RD CT
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 110.07(2)(b), Florida Statute. 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 Attachment with an address.

SIGNATURE: *Gonzalo Garcia* **GONZALO GARCIA, VP** 1/17/95 305/633-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)