

**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 # **H24644** (7)  
1. Corporation Name  
**OVERSEAS FORWARDING CORPORATION**



Principal Place of Business  
**3271 NW 28TH STREET  
MIAMI FL 33142**

Mailing Address  
**3271 NW 28TH STREET  
MIAMI FL 33142**

3. Date Incorporated or Qualified: **10/09/1984**  
3a. Date of Last Report: **01/31/1995**

4. FE Number: **59-2463478**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

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  
85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent in this block only. (NOTE: Registered Agent Separates Required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BENGOCHEA, CARLOS J.</b>		1.2 NAME: _____	
STREET ADDRESS: <b>2220 SW 123RD CT</b>		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL</b>		1.4 CITY-STATE-ZIP: _____	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GARCIA, GONZALO</b>		2.2 NAME: _____	
STREET ADDRESS: <b>1714 FERDINAND STREET</b>		2.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>CORAL GABLES FL</b>		2.4 CITY-STATE-ZIP: _____	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GARCIA, MIREYA</b>		3.2 NAME: _____	
STREET ADDRESS: <b>1714 FERDINAND STREET</b>		3.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>CORAL GABLES FL</b>		3.4 CITY-STATE-ZIP: _____	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BENGOCHEA, OLGA</b>		4.2 NAME: _____	
STREET ADDRESS: <b>2220 SW 123RD CT</b>		4.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL</b>		4.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		5.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		6.4 CITY-STATE-ZIP: _____	

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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: *Gonzalo Garcia* **GONZALO GARCIA, VP** Date: **02/28/96** 305/633-6014  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SC 3-11-96 Daytime Phone #

CP2E034 (12/95)