

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 20 1996 8:00 am
Secretary of State

DOCUMENT # **P94000045328 (9)**

1. Corporation Name

OVERLAND ADVISORY SERVICES, INC.



Principal Place of Business

Mailing Address

150 S.E. 2ND AVE.
SUITE 1202
MIAMI FL 33131

150 S.E. 2ND AVE.
SUITE 1202
MIAMI FL 33131

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **1101 BRICKELL AVE.**

26 **1101 BRICKELL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 1802**

27 **SUITE 1802**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33131**

25 **DADE**

29 **33131**

30 **DADE**

4. FEI Number
65-0499103

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

**STRATTON, DOUGLAS D
407 LINCOLN ROAD, SUITE 2B
MIAMI BEACH FL 33139**

81 Name

ALVARO CASTILLO B., P.A.

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

1390 BRICKELL AVE.

83

SUITE 200

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 607.005, Florida Statutes.

SIGNATURE

Signature (typed or printed name of non-legal agent only) _____

DATE (typed or printed name of legal agent only) _____

5-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** DELETE
NAME **DE BARROS, OSCAR**
STREET ADDRESS **150 S.E. 2ND AVE., SUITE 1202**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/96 - **305-373-7330**
DATE Telephone #

CR2E034 (12/95)