

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

*** CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:11

DOCUMENT # V62051 (0)

1. Corporation Name
PACIFIC OVERSEAS CONSULTANTS, INC.

Principal Place of Business 9350 S DIXIE HWY PH-2 MIAMI FL 33156	Mailing Address 9350 S DIXIE HWY PH-2 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/08/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0365714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent

**ROTH, LEONARDO A.
9350 S DIXIE HWY
PH-2
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	CORREA, LUIS EDUARDO
STREET ADDRESS	9350 S DIXIE HWY PH-2
CITY- ST- ZIP	MIAMI FL
TITLE	ST
NAME	SAMBROOK, DEREK ROBERT
STREET ADDRESS	9350 S DIXIE HWY PH-2
CITY- ST- ZIP	MIAMI FL
TITLE	DP
NAME	MILNE, ROBERT
STREET ADDRESS	9350 S DIXIE HWY PH-2
CITY- ST- ZIP	MIAMI FL
TITLE	S
NAME	MILNO, ROBERT
STREET ADDRESS	9350 S DIXIE HWY PH-2
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included in this annual report or suspension certificate 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 secretary or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on any block containing an address.

SIGNATURE: _____
SIGN AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT MILNE