

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 502704 (0)

1. Corporation Name

OVERSEAS HEAVY EQUIPMENT CORPORATION



Principal Place of Business

3690 NW 62ND ST
MIAMI FL 33147

Mailing Address

3690 NW 62ND ST
MIAMI FL 33147

3. Date Incorporated or Qualified

05/04/1976

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, DIEGO R.
3690 N.W. 62ND. ST.
MIAMI FL 33147

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 of the person authorized to change the registered office or registered agent, or both, in the State of Florida.

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PAUL, ROBERT
200 S.E. FIRST ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVP
SUAREZ, DIEGO R.
3990 N.W. 62ND STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SUAREZ, DULCE M.
3990 N.W. 62ND. ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SUAREZ, HECTOR J
3401 SW 128TH AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information included on this report is 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 23 1996

(305) 633-0351

Original Filing

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