

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
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DOCUMENT # **G80761** (1)

1. Corporation Name

U.S. OVERSEAS ASSURANCE LTD. INC.



Principal Place of Business

Mailing Address

**3785 N.W. 82ND AVENUE
SUITE 211
MIAMI FL 33166**

**3785 N.W. 82ND AVENUE
SUITE 211
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified
12/16/1983

3a. Date of Last Report
06/23/1995

4. FEI Number
59-2379228

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

**ESQUIVEL, J. AL, DR.
9955 SW 87TH CT
MIAMI FL 33176**

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 the President or

Secretary of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PCS**
STREET ADDRESS **ESQUIVEL, J. AL, DR.**
CITY-STATE-ZIP **9955 SW 87TH CT**
MIAMI FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ESQUIVEL, J. AL, DR.**
CITY-STATE-ZIP **9955 SW 87TH CT**
MIAMI FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CARRIO, MARLENE**
CITY-STATE-ZIP **9955 SW 87TH COURT**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

305-591-2308

DATE

Daytime Phone #

CR2E034 (12/95)