

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

• PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		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 <b>3785 N.W. 82ND AVENUE                  SUITE 211                  MIAMI FL 33166</b>	Mailing Address <b>3785 N.W. 82ND AVENUE                  SUITE 211                  MIAMI FL 33166</b>
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3. Date Incorporated or Qualified <b>12/16/1983</b>	3a. Date of Last Report <b>06/23/1995</b>
4. FEI Number <b>59-2379228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ESQUIVEL, J. AL, DR.                  9955 SW 87TH CT                  MIAMI FL 33176</b>				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 Florida State Secretary, Treasurer, Agent, or person authorized to sign. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCS	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESQUIVEL, J. AL, DR.		2. NAME		
STREET ADDRESS	9955 SW 87TH CT		3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESQUIVEL, J. AL, DR.		8. NAME		
STREET ADDRESS	9955 SW 87TH CT		9. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		10. CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARRIO, MARLENE		32. NAME		
STREET ADDRESS	9955 SW 87TH COURT		33. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-ST-ZIP			44. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-ST-ZIP			64. 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]* 3/29/96 305-591-2308  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)