

FILE NOW: FILING FEE AFTER MAY 1 IS \$590

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McN Secretary of DIVISION OF CORPORATIONS
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DOCUMENT # **L38919**

(1)

1. Corporation Name
OVERLOOK VENTURES, INC.



Principal Place of Business 4000 TOWERSIDE TERR SUITE 1602 MIAMI FL 33138 US	Mailing Address 4000 TOWERSIDE TERR SUITE 1602 MIAMI FL 33138-2239 US
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3. Date Incorporated or Qualified 12/28/1989	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip
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24. Country	29. Country
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4. FEI Number 13-2988297	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STIER, MELVIN
4000 TOWERSIDE TERR
SUITE 2305
MIAMI FL 33138**

11. Name **STIER, MELVIN**
12. Street Address (P.O. Box Number is Not Acceptable)
4000 TOWERSIDE TERR
13. Suite **2305**
14. City **MIAMI** FL 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D STIER, MEL	4000 TOWERSIDE TERR.	MIAMI FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

STREET ADDRESS	ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 file 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 D
MELVIN STIER

Date

4/23/97

Daytime Phone

305 895 1583

0188578

CR2E034 (9/96)