

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P28853** (0)
1. Corporation Name
UNITED OVERSEAS BANK (BANQUE UNIE POUR LES PAYS D'OUTRE-MER)



Principal Place of Business Mailing Address
%LONA HAUSER
801 BRICKELL AVE., #824
MIAMI FL 33131

3. Date Incorporated or Qualified 04/11/1990	3a. Date of Last Report 10/24/1996
4. FEI Number 65-0201811	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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HAUSER, LONA
801 BRICKELL AVE.
SUITE 824
MIAMI FL 33131

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

Signature typed or printed name of current registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEURY, BERNARD	1.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	1.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	1.4 CITY - ST - ZIP	
TITLE	AGM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEFOOGHE, RAYMOND	2.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	2.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, KLAUS	3.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	3.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	3.4 CITY - ST - ZIP	
TITLE	AGM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILLARD, MARCEL	4.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	4.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	4.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRAZIN, JURGEN	5.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	5.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	5.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHL, JACUES HENRI	6.2 NAME	
STREET ADDRESS	11 QUAI DES BERGUES	6.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVA 1	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the 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 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: **Lona Hauser** **HAUSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

305-377-9810

Daytime Phone #

0170323

CR2E034 (9/96)