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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Coordinate of Cinia

	1996	No. of the last	. /	N OF CORP		IONS						
DOCU 1. Corporation		# P9400	0012237	(1)			——————————————————————————————————————					
OVEF	RSEAS MI	NING CO. INC.										
									1886 318 1881 A BH A B			iii ii aan iiiia i aa iiaa
Principal Place	of Duciness											
Principal Place of Business Mailing Address											,	
				140 NW 194 AVE PEMBROKE PINES FL 33029								
	00100		US US	IEO FE 33U23	•							
									porated or Qualified 9/1994	3a. Dat		st Report
2. Principal Pl	ace of Busino	ess	2a, Mailing Address	3				4. FE! Numb		<u> </u>	U4/21	7/1995
21			26	-				l	0468839		-	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	tc.					······································		\$8.	75 Additional
22			27					5. Certificate	of Status Desired	X		ee Required
City & State	9		City & State					l	ampaign Financing		\$5	.00 May Be
Zip		Country	28 Zip						Contribution			ded to Fees
24	25 29				Country 30			8. This corpo Florida Sta	ration has liability for the	ntangible t No	ax unde	ers 199.032,
	9 Name	and Address of Current (· · · · · · · · · · · · · · · · · · ·			Address of New R		Agent	
					81	Name	ө			- -		
HART, DAVID J					82	Stree	t Addres	s (P.O. Box Nur	nber is Not Acceptab	le)		
100 N BISCAYNE BLVD.						ļ.		···				
SUITE					83							
PEMBROKE PINES FL 33029					84 City						85	Zip Code
11 Pursuant t	o the provision	use of Spotions (NOT 0502 o	nd 607 1509 Florida C	tatidas the e	h ni in	<u></u>				FL	•	
or register	ed agent, or l	ons of Sections 607.0502 at both, in the State of Florida	Such change was au	horized by th	e corp	named (oration'	corporali 's board i	on submits this of directors. I he	statement for the pur preby accept the appo	pose of ch pintment as	anging i s registe	its registered office red agent. I am
Identificat Will	in, and accer	t the obligations of, Section	1 607.0505, Florida Sta	itutes.								-
SIGNATURE _	Signature, typed o	r printed name of registered agont and	title if applicable	(NOTE: Registe	red Ago	nt signature	e required w	hen reinstating)		DATE		
12.	. — — — —	OFFICERS AND [1	3.			ADDITIONS	/CHANGES TO OFFI	CERS AND	DIREC	TORS IN 12
TITLE	D		DELETE	1.	1 TITLE		D		•		Chan	ge Addition
NAME		GUERA, JOSE			2 NAME		CA	RLOS	BERRIO	S		
STREET ADDRESS		IW 194 AVE ROKE PINES FL 33029				ADDRESS		W-N O	184 AVE			•
CITY-ST-ZIP TITLE	PEMDI	IONE PINES PL 33029	☐ DELETE		CITY - S	ST-ZIP	Y E	4 Broke	PINES			·
NAME					NAME					ı	Chan	ge 🔛 Addition
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S							
TITLE			DELETE	3	1 THLE						Chang	ge Addition
NAME				3 2	NAME							
STREET ADDRESS				3.3	3. Stree	T ADDRESS	S					
C/TY - ST - ZIP	· -		- Driese		CITY - S	IT-ZIP						
TITLE NAME			☐ DELETE		1 TITLE		1				Chang	ge 🔲 Addition
STREET ADDRESS					NAME	ADDRECE	ŀ					
CITY-ST-ZIP					CITY-S	ADDRESS	1					
TITLE			☐ DELETE		1 TITLE	1.50	 			·	Chang	ge Addition
NAME					NAME							
STREET ADDRESS				5.3	STREET	ADDRESS						
CITY-ST-ZIP				5.4	CITY-S	T-ZIP	1	<u></u>				
TITLE			☐ DELETÉ	6.	TITLE] Chang	ge 🔲 Addition
NAME CIRCUI ADDOCCO		N			NAME							
STREET ADDRESS		1 3		■ ¢ ?	CTOCCT	ADDDECC	1					

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 cath, 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 chapter 607 or an attachment with an address.

SIGNATURE:

JOSE FURNAGUENA

04-20-96 954-431-7796

CR2E034 (12/95)