

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 20 1996 8:00 am  
Secretary of State

DOCUMENT # P94000045328 (9)

1. Corporation Name

OVERLAND ADVISORY SERVICES, INC.



Principal Place of Business

150 S.E. 2ND AVE.  
SUITE 1202  
MIAMI FL 33131

Mailing Address

150 S.E. 2ND AVE.  
SUITE 1202  
MIAMI FL 33131

2. Principal Place of Business

21 1101 BRICKELL AVE.

Suite, Apt. #, etc.

22 SUITE 1802

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 DADE

2a. Mailing Address

26 1101 BRICKELL AVE.

Suite, Apt. #, etc.

27 SUITE 1802

City & State

28 MIAMI, FLORIDA

Zip

29 33131

Country

30 DADE

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

02/20/1995

4. FEI Number

65-0499103

Applied For

Not Applicable

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

STRATTON, DOUGLAS D  
407 LINCOLN ROAD, SUITE 2B  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

ALVARO CASTILLO B., P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1390 BRICKELL AVE.

83

SUITE 200

84 City

MIAMI

FL

85 Zip Code

33131

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 date

DATE Registered Agent Signature (Typed or Printed Name)

5-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO  
DE BARROS, OSCAR  
150 S.E. 2ND AVE., SUITE 1202  
MIAMI FL 33131 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/96 - 305-773-7330  
Date: (Typed) Phone:

CR2E034 (12/95)