FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 6:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054549 (8)**

1. Corporation Name
OVERSEAS MANAGEMENT GROUP CORP.

500001492425
-05/17/95--01173--014
DO NOT WRITE ABOVE THIS LINE
*****200.00 *****200.00

Principal Place of Business	Mailing Address
9370 SUNSET DR SUITE 213A MIAMI FL 33173	9370 SUNSET DR SUITE 213A MIAMI FL 33173

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report: FIRST REPORT

4. FEI Number: [X] 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

2. Principal Place of Business	2a. Mailing Address
21 11945 S.W. 100 TERR	26 11945 S.W. 100 TERR
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 MIAMI FL.	City & State 28 MIAMI FL
Zip 24 33186 Country 25 USA	Zip 29 33186 Country 30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

DE ALEJO, PABLO P
9370 SUNSET DR
SUITE 213A
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: PABLO B. PEREZ DE ALEJO
82 Street Address (P.O. Box Number is Not Acceptable): 11945 S.W. 100 TERR
83
84 City: MIAMI FL 85 Zip Code: 33186

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] 4/27/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DE ALEJO, PABLO P 9370 SUNSET DR SUITE 213A MIAMI FL 33173	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P-D PABLO B. PEREZ DE ALEJO 11945 S.W. 100 TERR MIAMI FL. 33186	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ALVAREZ, FAUSTO 2828 CORAL WAY SUITE 410 MIAMI FL 33145	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	V-D MARIA I. PEREZ DE ALEJO 11945 S.W. 100 TERR MIAMI FL. 33186	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	SD 5-1-95	[ ] Change [ ] Addition

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)(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 addition.

SIGNATURE: [signature] 4/27/95 (305) 598 2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01M344 CP