

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

FILED
May 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 # **P94000075263 (1)**

1. Corporation Name

OVERSEAS BREWERY GROUP, INC.



Principal Place of Business	Mailing Address
161 U.S. 1 UNIT 5 KEY WEST FL 33040	1107 KEY PLAZA NO. 200 KEY WEST FL 33040-4077 US

3. Date Incorporated or Qualified 10/10/1994	3a. Date of Last Report 08/08/1996
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

4. FEI Number 65-0577912	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
LAW OFFICES OF DONALD E. YATES, P.A. 402 APPELROUTH LANE KEY WEST FL 33040	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	BOHMFALK, WILLIAM A III
STREET ADDRESS	1209 OLMA STREET
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	O'CONNOR, THOMAS J
STREET ADDRESS	23247 BARWOOD LANE NORTH, NO. 408
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> DELETE
NAME	LAMBERT, JOHN
STREET ADDRESS	3312 NORTHSIDE DRIVE, APARTMENT 314
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	MARKS, KIMBERLY
STREET ADDRESS	12937 BANYAN ROAD
CITY-ST-ZIP	N. MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	3/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH LAMBERT
1.3 STREET ADDRESS	1107 KEY PLAZA #299
1.4 CITY-ST-ZIP	KEY WEST FL 33040
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Joseph Lambert JOSEPH LAMBERT 4/23/97 305-295-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)