

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087209 (0)
 1. Corporation Name
GSE OVERSEAS CORPORATION



Principal Place of Business 455 NORTHEAST 164 STREET NORTH MIAMI BEACH FL 33162	Mailing Address 455 NORTHEAST 164 STREET NORTH MIAMI BEACH FL 33162-3535
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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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3. Date Incorporated or Qualified 01/03/1995	3a. Date of Last Report 02/21/1996
4. FEI Number X 65-0597361	Applied For 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
CHENG, YAN
455 NORTHEAST 164 STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 81 Name
CHEN, HSINPO
 82 Street Address (P.O. Box Number is Not Acceptable)
455 NORTHEAST 164 STREET
 83
 84 City
NORTH MIAMI BEACH FL 85 Zip Code
33162

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: *Hsinpo Chen* **CHEN, HSINPO** *Jan 21, 1997*
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZHANG, JIN	
STREET ADDRESS	455 NORTHEAST 164 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHENG, YAN	
STREET ADDRESS	455 NE 165 ST	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, TONG	
STREET ADDRESS	455 NE 164TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CHEN, HSINPO	
STREET ADDRESS	455 NE 164TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHEN, HSINPO	
1.3 STREET ADDRESS	455 NORTHEAST 164 street	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHENG, YAN	
2.3 STREET ADDRESS	455 NE 164 ST	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHENG, BIN	
3.3 STREET ADDRESS	455 NE 164 ST	
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
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: *Hsinpo Chen* **CHEN, HSINPO** *Jan 21, 1997* (305)944-9684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)