

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		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1995	3a. Date of Last Report 02/21/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number X 65-0597361 65-0597362		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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)	
		83	
		84 City 455 NORTHEAST 164 STREET NORTH MIAMI BEACH FL 33162	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*
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZHANG, JIN		1.2 NAME CHEN, HSINPO	
STREET ADDRESS 455 NORTHEAST 164 STREET		1.3 STREET ADDRESS 455 NORTHEAST 164 street	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHENG, YAN		2.2 NAME CHENG, YAN	
STREET ADDRESS 455 NE 165 ST		2.3 STREET ADDRESS 455 NE 164 ST	
CITY-ST-ZIP NORTH MIAMI BCH FL 33162		2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHEN, TONG		3.2 NAME CHENG, BIN	
STREET ADDRESS 455 NE 164TH ST		3.3 STREET ADDRESS 455 NE 164 ST	
CITY-ST-ZIP N MIAMI BCH FL 33162		3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEN, HSINPO		4.2 NAME	
STREET ADDRESS 455 NE 164TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33162		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)