

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 21 1996 8:00 am
Secretary of State

DOCUMENT # P95000074929 (7)

1. Corporation Name
OVERLAND FINANCIAL CORPORATION



Principal Place of Business: **905 SOUTH BAY SHORE DRIVE #1431 MIAMI FL 33131**
Mailing Address: **905 SOUTH BAY SHORE DRIVE #1431 MIAMI FL 33131**

2. Principal Place of Business: **1101 BRICKELL AVE. SUITE 1802 MIAMI, FLORIDA 33131 DADE**
2a. Mailing Address: **1101 BRICKELL AVE. SUITE 1802 MIAMI, FLORIDA 33131 DADE**

3. Date Incorporated or Qualified: **09/28/1995**
3a. Date of Last Report: **09/28/1995**
4. FET 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**
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: **X No**

9. Name and Address of Current Registered Agent: **VELENTIN, PEDRO 9441 S.W. 134TH STREET MIAMI FL 33176**

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 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0205, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BARROS, OSCAR	2. NAME	
STREET ADDRESS	905 S. BAY SHORE DR. #1431	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4. CITY-ST-ZIP	
TITLE	TD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTIN, PEDRO	6. NAME	
STREET ADDRESS	9441 S.W. 134TH ST.	7. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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*****225.00**

[Handwritten signatures]

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 in 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 appointment with an address.

SIGNATURE: *[Signature]* DATE: **5-8-96** **373-3730**

CR2E034 (12/95)