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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Şandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P95000074929 (7)

#### **OVERLAND FINANCIAL CORPORATION**

## FILED Feb 18 1997 8:00am Secretary of State



rmicipal riac	e of Business	Mailing Address			<u> </u>	# 88111 <b>99</b> 4# (	BONH NEBEL TIB		F 1041 1001
4404 BBIOVEL		, and the second							
1101 BRICKELI STE 1802	L AVE.	1101 BRICKELL AVE. STE 1802							
MIAMI FL 3313	31	MIAMI FL 33131-3121							
					<b>3.</b> Date Incorporated or Qualified <b>3a.</b> Date of Last Report <b>05/21/1996</b>				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	150	ılları	AF	plied For
1	· · · · · · · · · · · · · · · · · · ·	26			APPLIED FOR	67-00			t Applicab
Suite, Apt.	.#, etc.	Suite, Apl. #, etc.			5. Certificate of Status Do	sired		\$ <b>8.75</b> / Fee Re	
City & Stat	161	City & State			& Flaction Compains Fin				
3		28			6. Election Campaign Fin Trust Fund Contribution	-		\$5.00 Added 1	
Zip	Country	Zip	Co	untry	8. This corporation has lia		tangible ta		
3	25	29	30		Florida Statutes		Yes 🔲		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address o	New Reg	istered Ag	ent	
CAS	STILLO, ALVARO B P.A.			B1 Name					
	1 BRICKELL AVE.			82 Street Add	ress (P.O. Box Number is Not	Acceptable	e)		
	1802								
MIA	MI FL 33131			83					
				84 City		<del></del>		<b>85</b> Zip (	Code
				0			FL	2.5	
GNATURE.		ND DIRECTORS	NOTE Registere	ed Agent's gnature requ	red when re-estating) ADDITIONS/CHANGES	TO OFFICE			
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KME.	DE BARROS, OSCAR		121	NAME					
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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 eath; that I am an other 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 changeld, or on an attachment with an address.