FILE NOW: FILING FEE AFTER MAY 1 15 \$550:00

PROFIT 1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	- The state of the	
DOCUMENT #	0060000117	

OVERIAND EXPORT INC

Prencipal Place of Busini			
1817001	ST LAKE OR		
ALTANO	NTE SPRIATE FL		
32711	_		3. Date incorporated or Qualified 3a. Date of Last Report
2. Principal Place of Bur	sness 2a. Mailing Address		4. FEI Number Applied For
21	26		59~3365×69 Not Applicable
Sate Apt # etc	Suite, Apt. #, etc		5. Certificate of Status Desired S8.75 Additional
22	27		Fee Required
City & Shite	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zφ 	Country Zip	Country	8. This corporation has tiability for intangible tax under s. 199.032,
24	25 29	30]	Florida Statutes Yes No
	ne and Address of Current Registered Agent	61 Name	10. Name and Address of New Registered Agent
TOSE	PH HENNAUDEZ	or Name	dress (P.O. Box Number is Not Acceptable)
101 F	NONTE SPRINGS	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
///	To CPATORS	83	10 f S Bran by
		63	
F 6 3	2714	84 City) h / o O E / E 65 Zip Code
	007.0000		MLANDO FL FL BS \$2003
office or registered.	ristoes of Sections 607.0502 and 607.1508, Florida S agenit or both, in the State of Florida. Such change i	tatutes, the above-hamed co was authorized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent Lanifada N	with that accept the obligations of, Section 607.050	5, Florida Statutes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE X			4/28/3)
12.	On ICERS AND DIRECTORS	(NOTE Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
10.5	DELETE		
NAM!	NAME OF THE OWNER OWNER OF THE OWNER OWNE	12 NAME	JONGE BELLAVETA Change CAddition
STREET 2::08::55		13 STREET ADDRESS	181 FOREST LAKE ON PRES. ALTAMONTE SPAFMES FL
(i) Y St 7 ·		1.4 City - St - Zip	TET MAINTE STITUTES TE
10 F	DELETE	21 TITLE .	TO SEPH HERMANEZ Change Addition
NAV-		22 NAME	JOSEPH HERMANDE
STREET ATRIBLESS		23 STREET ADDRESS	181 LOUBS CALBAY
01 × 51 %		2 4 CrTY-ST-ZIP	181 FORBST LAKEPR VICE ALTHMONTE SPRANT RPARS
7911	DELETE	31 THTLE	Change Addition
HANG		3.2 NAME	·
\$19661.40098.55		3.3 STREET ADDRESS	
0114 - 21 - 1 -		3 4. CITY - ST - 71P	
711 1	DELETE	4 1 TITLE	Change Addition
14AM4		4 2 NAME	
STREET ALL ISSUES		43 STREET ADDRESS	
573 St 74		4 4 CITY - ST - ZIP	
[1.]	DELETE	5 I TITLE	Change Addition
16521		5.2 NAME	$\bigcap \Lambda$
SERE LAL DEPO		5.3 STREET ADDRESS	
(01Y SL 0F		54 OTY+ST-ZIP	ひり、
11.1	☐ DELETE	6 1 TITLE	Change Addition
15141		6.2 NAME	600002183886 -05/19/9701168027
5/36×1.5 (1972)		63 STREET ADDRESS	-05/19/9701168027
1 i		■	###1CE BB

14. If do not say confly that the information supposed why this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and said on this any of report or Juppin certal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are a officer or director of this deportations of the deport or fusited empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 Ukhano II, or or a great and address.

SIGNATURE:

DISPLACED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/57

Daytime Phone •

FILED

May 08 1997 8:00am

Secretary of State