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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 14 1997 8:00am Secretary of State

Date Incorporated or Qualified
 2/29/96

3a. Date of Last Report

	1991			
DOC 1. Corp	CUMENT #	P9600001913	31	
	Overseas En	gineering Gr	oup Corp.	
Principa	Place of Business		Mailing Address	
	113 Woodlak Green Acres		P.O. Box 5659 Lake Worth, FL 33463	

2. Principal P	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>	oplied For	
21			26					65-0649049	No.	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				<b>5.</b> Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution	Added t	to Fees		
Zip	Country			Zip Country				8. This corporation has liability for intangible		199 032,	
24 25			29		30			Florida Statutes Yes K No			
	9, Name	and Address of Current	Regi	stered Agent		10. Name and Address of New Registered Agent					
		•				31	Name			ļ	
Vittorio Della Sala				82 Street Addr			Street Addre	ess (P.O. Box Number is Not Acceptable)			
113 Woodlake Cir.											
Gr	Green Acres, FL 33463			63							
			•		8	34	City	FL	<b>85</b> Zip (	Code	
								oration submits this statement for the purpose o			
agent. I a	registered ag ım familiar wit	eni, or boin, in the State o th, and accept the obligati	ions o	of, Section 607.0505, Flo	iumorizeo rida Statu	by tes.	tne corporatio	on's board of directors. I hereby accept the app	onument as	registered	
SIGNATURE											
O G T T T T T T T T T T T T T T T T T T	Signature, typed	or printed name of registered agent			- Registered	Agen	n signature require	ed when reinstating) DATE			
12.	5/5/6	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D/P/S/			☐ DELETE	, 1.1 TITL				Change	Addition	
NAME		-Sala, Vittori	0		1.2 NAM						
STREET ADDRESS		oodlake Cir.			1.3 STR	ET A	ADDRESS				
CITY-ST-ZIP	Green	Acres, FL 334	<u>63</u>		1.4 City		- ZIP				
TITLE				DELETE	2.1 THIL	_	·	,	Change	Addition	
NAME					2.2 NAM			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS					2.3 STR	ET A	ADORESS	•			
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TITLE				DELETE	3.1 TITL		1.		Change	Addition	
NAME					3.2 NAM					ŀ	
STREET ADDRESS					3.3 S1R						
CITY-ST-ZIP				DELETE	3.4. CITY		- ZIP	-	Change	Addition	
TITLE				[] pereit	4.1 TITLI		ļ		change		
NAME					4. 2 NAN						
STREET ADDRESS					4.3 STRE		· · · · · [				
CITY-ST-ZIP				DELETE	4.4 CITY		- ZIP		Change	Addition	
TITLE				C) Office	5.1 TITLE					Modified	
NAME					5.2 NAM			90000211416 -03/14/970110401		1	
STREET ADDRESS					53 STRE				ö	į	
CITY-ST-ZIP				DELETE	5.4 CITY	_	- ZIP	***165,00	Change	Addition	
TITLE				- DELETE	6.1 TITLE					L Agricon	
HAME					6.2 NAM				(A)	1/0/1	
STREET ADDRESS					6.3 STRE		- 1		Vali	<i>U\</i> ^	
CITY-ST-ZIP	v oatifu that	the information cumuliad	uith H	his filing does not suctif	64 CITY			in Coption 110 07/31/il Porida Clabutos Aburbo	Coorlidy that	ibo	
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) Porida Statutes I jurther 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 Fortida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.											