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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019131 (7)

OVERSEAS ENGINEERING GROUP CORP.

Principal Place of Business Mailing Address P.O. BOX 5659 P.O. BOX 5659 LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/29/1996 2. Principal Place of Business 2n. Mailing Address 4. FEI Number Applied For 21 26 65-0649049 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **DELLA SALA, VITTORIO** 113 WOODLAKE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **GREEN ACRES FL 33463** 83 Zip Code 85 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 Signature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** DELFTE TITLE Change Addition 1.1 HILE **DELLA SALA, VITTORIO** NAME 1.2 NAME 113 WOODLAKE CIR. STREET ADDRESS 1.3 STREET ADDRESS **GREEN ACRES FL 33463** CITY ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TiTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2. 4 CITY - ST - ZIF DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP DITY-ST-ZIP 🔲 DELETE TOTEE Change Addition 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY-ST-782 DELETE TITLE 5 1 TITLE Change ■ Addition NAME 5.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stater in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this innual report or supplience that annual report is true and accurate and that my signal of 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 exempt this report at returned by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS 6 4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

DELFTE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

bronio DELA LALA

4/13/98

521-11338222

Change

Addition

FILED

Apr 22 1998 8:00am

Secretary of State

HZEU34 (10/97)