

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

DOCUMENT # S18019 (7)

1. Corporation Name

CLUP OVERSEAS U.S.A., INC.



Principal Place of Business

C/O MARTIN E. PONS
BOX 110839
MIAMI FL 33111

Mailing Address

C/O MARTIN E. PONS
BOX 110839
MIAMI FL 33111

3. Date Incorporated or Qualified
12/07/1990

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 13727 S.W. 152 ST

26 13727 S.W. 152 ST

4. FEI Number

65-0334241

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 SUITE 325

27 SUITE 325

23 City & State

28 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip Country

29 Zip Country

24 33177 25

29 33177 30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONS, MARTIN E.
169 E FLAGLER ST #1517
MIAMI FL 33131

81 Name

MARTIN E. PONS

82 Street Address (P.O. Box Numbers Not Acceptable)

200 S. DISOLAY BLVD.

83

SUITE 4920

84 City

MIAMI

FL

85 Zip Code

33131

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 printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PONS, MARTIN E.
8460 N KENDALL DR
MIAMI FL

DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PONS, MARTIN E.
13727 S.W. 152 ST. #325
MIAMI, FL 33177

Change Addition

2.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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 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, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MARTIN E. PONS 4/17/96 (305) 343-5244

CR2E034 (12/95)