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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORA
DOCUMENT # 1. Corporation Name	435472	(6)
OCEAN BIO-CHEM I	NC.	

NHONS IN DICTUTEM, INC. Principal Place of Business Mailing Address 4041 SW 47 AVE. 4041 SW 47 AVE. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1973 04/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1564329 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 \Box Trust Fund Contribution Added to Fees Zιρ Country Ζıp Country This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORNAU, PETER G Street Address (P.O. Box Number is Not Acceptable) 82 4041 SW 47 AVE. FT. LAUDERDALE FL 33314 83 84 City 85 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed han elof registered agent and title if applicable (NOTE: Registered Agent signature DATE 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE □ DELETE 1. 1 TITLE Change ✓ Addition DORNAU. PETER NAME 1.2 NAM6 Julio DE LEON 4041 SW 47TH AVE. STREET ADDRESS 1.3 STREET ADDRESS 4041 SW 47TH AVE FT LAUDERDALE, FL 00000 CITY - ST - ZIP FT. LAUDERDALE, FL 1.4 CITY - ST - ZIP THI, E SD DELETE 2.1 TITLE ☐ Change Addition NAME TIEGER, JEFFREY 2.2 NAME 4041 SW 47TH AVE. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-SF-ZIP 2 4 City - \$1 - Zif TITLE T DELFTE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y-S1-ZIP 3 4 CITY - ST - ZIP THE [] DE: ETE 4 1 THILE Change ☐ Addition NAME 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 Till E Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS COLY - ST - ZIF 5 4 CITY - ST - 7IP TITLE DELETE 6 1 THILE Change Addition NAME 6.2 NAME STREEL ADDRESS 6.3 STHEET ADDRESS CHTY-ST ZIP 6.4 CHY-ST-ZIP

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 cath; that I am an officer or director of the reportation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

SIGNATURE:

Juhio DE LEON

1/19/96 (305)587-6280