

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G08091 (2)
1. Corporation Name
OCEAN BANK



Principal Place of Business Mailing Address
780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126 **780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1982	3a. Date of Last Report 04/04/1995
21		26		4. FEI Number 59-2237280	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	29	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONSUEGRA, LUIS 780 NW 42 AVE SUITE 300 MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACEDO, DESOUSA A	1.2 NAME	DE SOUSA MACEDO, JOAO
STREET ADDRESS	780 NW 42ND AVE, STE 300	1.3 STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, ANTONIO J.	2.2 NAME	DE ABREU, JOSE QUINTINO
STREET ADDRESS	780 NW 42 AVE, STE 300	2.3 STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELORTEGUI, RAFAEL	3.2 NAME	PEREZ CONCEPCION, BENIGNO
STREET ADDRESS	780 NW 42 AVE, STE 300	3.3 STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-STATE-ZIP	CORAL GABLES FL	3.4 CITY-STATE-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTERO, CARLOS S.	4.2 NAME	CONSUEGRA, LUIS A.
STREET ADDRESS	780 NW 42 AVE, STE 300	4.3 STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	MIAMI, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONCEPCION, JOSE A.	5.2 NAME	REYNALDO, ECTORE
STREET ADDRESS	780 NW 42 AVE STE 300	5.3 STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ANTONIO A.	6.2 NAME	
STREET ADDRESS	780 NW 42 AVE, STE 300	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	6.4 CITY-STATE-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 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: *Luis A. Consuegra* 1/30/96 (305) 441-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)