

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPART  
Sandra B.  
Secretary  
DIVISION OF CC

OCEA321 331260277 1795 01/17/96  
NOTIFY SENDER OF NEW ADDRESS  
: OCEAN EXPRESS SRVS  
16969 NW 67TH AVE STE 208  
HIALEAH FL 33015-4214

DOCUMENT # **K21692 (4)**



**OCEAN-EXPRESS SERVICES, INC.**



Principal Place of Business: 8321 NW 12TH ST. MIAMI FL 33126  
Mailing Address: 8321 NW 12TH ST. MIAMI FL 33126

3. Date Incorporated or Qualified: 04/22/1988  
3a. Date of Last Report: 01/25/1995

21. Principal Place of Business: 16969 NW 67 AVE  
22. Suite, Apt. #, etc.: # 208  
23. City & State: HIALEAH FL.  
24. Zip: 33015 Country: USA

4. FEI Number: 65-0054239  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$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**

EAGAN, ALAN  
8321 NW 12TH ST.  
SUITE 309  
MIAMI FL 33126

81 Name: EGAN, ALAN.  
82 Street Address (P.O. Box Number is Not Acceptable): 16969 N.W. 67 AVENUE # 208  
83  
84 City: HIALEAH FL 85 Zip Code: 33015

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]* ALAN EGAN, PRESIDENT 1/24/96

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	EGAN, ALAN	
STREET ADDRESS	2120 NE 211 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	EGAN, JULIA	
STREET ADDRESS	2120 NE 211 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-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 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]* ALAN EGAN 1/24/96 305.558.0335

CR2E034 (12/95)