

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mörtham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33474 (0)**

1. Corporation Name  
**OCEANIA CLUB, INC.**



Principal Place of Business <b>16421 COLLINS AVENUE MIAMI BEACH FL 33160 US</b>	Mailing Address <b>16421 COLLINS AVENUE MIAMI BEACH FL 33160-4511 US</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>07/28/1989</b>	3a. Date of Last Report <b>07/26/1996</b>
4. FEI Number <b>65-0135255</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**PANKOW, GERALD R.  
16445 COLLINS AVENUE  
MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

41. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KLEIKAMP, GERTI</b>	
STREET ADDRESS	<b>16445 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITEMAN, DANIEL E</b>	
STREET ADDRESS	<b>16445 COLLINS AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PANKOW, GERALD</b>	
STREET ADDRESS	<b>16445 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STB Pankow, Gerald</b>
3.3 STREET ADDRESS	<b>16445 Collins Av</b>
3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Dausby-Jones, Marcelle</b>
4.3 STREET ADDRESS	<b>16420 Collins Av.</b>
4.4 CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ **NOT REQUIRED** Date: **4/1/97** (305) 351-7070

CR2E037 (9/96)