

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -2 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000049201 (5)**

1. Corporation Name

**OCEANFRONT SWMSUITS, INC.**

Principal Place of Business

Mailing Address

21211 HIGHLAND LAKES  
NORTH MIAMI BEACH FL 33179

20161 NE 16TH PL  
N MIAMI FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/14/1993

10/18/1994

2. Principal Place of Business

2a. Mailing Address

21 1045 KANE CONCOURSE

26 SAME

4. FEI Number

Applied For

23-14-415063-20

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 217

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Bay Harbour FL

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33154

25 USA

29

30

6. 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

BENDJOUIA, DEBORAH  
21211 HIGHLAND LAKES  
NORTH MIAMI BEACH FL 33179

61 Name

62 Street Address, (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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 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

*Deborah S Bendjouia*  
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

7/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	D
NAME	BENDJOUIA, DEBORAH
STREET ADDRESS	21211 HIGHLAND LAKES
CITY - ST - ZIP	N MIAMI BEACH FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BENDJOUIA DEBORAH	
13 STREET ADDRESS	1045 KANE CONCOURSE #217	
14 CITY - ST - ZIP	BAY HARBOR - FL 33154	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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:

*Deborah S Bendjouia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/95

205 861 2822

CRE034 (3/95)