

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

**APPROVED
AND
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95 APR 21 PH 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000086093 (0)**
1. Corporation Name
OCEANCO (USA) INCORPORATED

Principal Place of Business Mailing Address

**C/O PENNSULA REGISTERED AGENTS INC
200 SE FIRST STREET
MIAMI FL 33131** **C/O PENNSULA REGISTERED AGENTS INC
200 SE FIRST STREET
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1993** 3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business 2a. Mailing Address

21 **40 Holland & Knight** 26 **40 Holland & Knight**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **701 Brickell Avenue** 27 **701 Brickell Avenue**
City & State City & State

23 **Miami, FL** 28 **Miami, FL**
Zip Zip Country Country

24 **33131** 25 **USA** 29 **33131** 30 **USA**

4. FEI Number: **65-0454550** Applied For: Not Applicable

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

**PENNSULA REGISTERED AGENTS INC
C/O PENNSULA REGISTERED AGENTS INC
200 SE FIRST STREET
MIAMI FL 33131**

10. Name and Address of Now Registered Agent

B1 Name: **Interstate Registered Agent Corporation**
B2 Street Address (P.O. Box Number is Not Acceptable): **701 Brickell Avenue**
B3 **Suite 3000**
B4 City: **Miami** FL B5 Zip Code: **33131**

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 the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE: **By: Steven H. Hagen** DATE: **3/18/95**

12. OFFICERS AND DIRECTORS

TITLE	DVAs
NAME	HAGEN, STEVEN H
STREET ADDRESS	200 SE FIRST ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVAs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hagen, Steven H.	
1.3 STREET ADDRESS	701 Brickell Avenue	
1.4 CITY, ST, ZIP	Miami, FL 33131	
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 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 of this report, or on an attachment with an address.

SIGNATURE: **Steven H. Hagen** DATE: **3/18/95**
Director