


FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 009 ***600.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064638

1. Corporation Name
OCEANIA REALTY, INC.



Principal Place of Business 201 S BISCAYNE BLVD, STE 900 MIAMI FL 33131	Mailing Address 201 S BISCAYNE BLVD, STE 900 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1998	
21 2 S, Biscayne Blvd.	26 2 S, Biscayne Blvd.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite 3400	27 Suite 3400	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Miami, Florida	28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33131 25 USA	29 33131 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GREENE, MICHAEL STEVEN
 201 S BISCAYNE BLVD, STE 900
 MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **Valdes-Pauli Corporate Services, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Blvd., Suite 3400
 83
 84 City **Miami** 85 Zip Code **FL 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michael Steven Greene, Vice President* DATE _____
Signature, typed or printed name of registered agent and WA if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	GREENE, MICHAEL STEVEN	
STREET ADDRESS	201 S BISCAYNE BLVD, STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Pankow, Gerald	
1.3 STREET ADDRESS	16400 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach, Florida 33160	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Kleikamp, Gerti	
2.3 STREET ADDRESS	16400 Collins Avenue	
2.4 CITY-ST-ZIP	Miami Beach, Florida 33160	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/26/99 305-354-7000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)