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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V39452**

1. Corporation Name

BLUE OCEAN HOLDING CORP.

											!
Principal Place of Business			Mailing Address							•	
% STEVEN I., CANTOR, P.A.		% STEVEN L. CANTOR, F.A.									
777 BRICKELL AVE., #500		777 BRICKELL AVE., #500			١	DO NOT WRITE IN THIS SPACE					
MIAMI FL 3:131			MIAMI FL 33131				3. Date Incorporated or Qualifed				
								05/28/1992			
2. Principa Pl	ace of Business		2a. Mailing Address					4. FEI Number		,	Applied For
21			26			1	65-0337980 Not App			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional	
22			27					5. Certificate of Status Desired		Fee I	Recuired
City & State	e		City & State					6. Election Campaign Financing	П	\$5.0	0 May Be
23			28					Trust Fund Contribution		Adde	d tc Fees
Zip	p Country		Zíp	Country			8. This corporation owes the current year intangible				
4 25		29	30				Personal Property Tax.		Yes	[]No	
	9. Name and Addre	ess of Current I	Registered Agent					10. Name and Address of New	Registere	Agent	
0.41	TOD 075 511 1			l	81	Name					
Cantor, Steven L 777 Brickell Avenue				82 Street Ac			Acdres	s (P.O. Box Number is Not Accep	table)		
#500					83						
MIAMI FL 33131											
					84	City			F	85 Zi	p Code
11. Pursuant	to the provisions of Sec	tions 607.0502	and 607.1508, Florida Stati	u es, the al	ove	-named o	corpor	ation submits this statement for th	e purpose	of changing	its registered
office or re	egistered agent, or both	n, in the State of	Florida. Such change was ns of, Section 607.0505, F	authorized	by '	the corpo	ore tion'	s board of cirectors. I hereby according	ept the app	ointment as	registered
•	iii iariniiai witii, aliu act	ept the obligation	113 01, DECLIOT DOT .0000, 1	KINDO OLUK				•			
SIGNATURE	Signature, typed or printed name	e of registered agent	nd title if applicable. (NO	TI . Registered	Agen	t signature re	equ red w	hen reinstating)	DATE		
12.		FFICERS AND	DIRECTORS	13.				ADDITIC NS/CHANGES TO O	FFICERS /		
TITLE	PVST		☐ DELETE	1.1 TIT	LE	!				Chang	e
NAME	FURSTENBERG, S	ebastiano		1.2 NA	ME	-					(
STREET ADDRESS 777 BRICKELL AVE., #500		E., #500		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33131			1.4 CIT	Y-SI	Γ- ZIP					i
TITLE	D		☐ DELETE	2.1 TIT	LE					Chang	e 🗌 Addition
NAME	FURSTENBERG, S	EBASTIANO		2.2 NA	ME	Į					
STREET ADORE: S	777 BRICKELL AVI	E., #500		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	,		2. 4 C	TY-S	T-ZIP	L.,				
TITLE			☐ DELETE	3 1 TIT	LE					Chang	e 🗌 Addition
NAME				32 NA	ME	Į					ļ
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP	<u></u>				
TITLE			☐ DELETE	E 41 TITLE						Chang	e Addition
NAME	l I			4 2 N/	ME	į					Į
STREET ADDRES S				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				44 CI	Y-\$1	T- ŽIP	<u> </u>				
TITLE			☐ DELETE	5.1 TIT		-				Chang	e 🗌 Addition
NAME				5.2 NA	ME						
STREET ADDRESS				53 ST	REET	ADDRESS					Ī
CITY-ST-ZIP				5.4 CI		T-ZIP					
TITLE			☐ DELETE	6.1 TIT	LE					Chang	e Addition

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 attactument with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Sebastiano Furstenberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

305-374-3886

Daytime Phone #