


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90267 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 856341			
1. Corporation Name OCEAN GARDEN PRODUCTS, INC.			
Principal Place of Business 3585 CORPORATE COURT SAN DIEGO CA 92123		Mailing Address PO BOX 85527 SAN DIEGO CA 92186-5527	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, A	1.2 NAME	
STREET ADDRESS	3585 CORPORATE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANDIEGO CA 92123	1.4 CITY-ST-ZIP	
TITLE	VPA <input type="checkbox"/> DELETE	2.1 TITLE	VP-OPERATIONS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONDA, J	2.2 NAME	
STREET ADDRESS	3585 CORPORATE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	2.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRANCOTO, FRANK J	3.2 NAME	
STREET ADDRESS	3585 CORPORATE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	3.4 CITY-ST-ZIP	
TITLE	VPM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILOSE, JOHN	4.2 NAME	
STREET ADDRESS	3585 CORPORATE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	4.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, LARRY	5.2 NAME	
STREET ADDRESS	3585 CORPORATE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	5.4 CITY-ST-ZIP	
TITLE	VPO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP-ADMINISTRATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINTADO, FERNANDO	6.2 NAME	CARLOS CICERO
STREET ADDRESS	3585 CORPORATE COURT	6.3 STREET ADDRESS	3585 CORPORATE COURT
CITY-ST-ZIP	SAN DIEGO CA 92123	6.4 CITY-ST-ZIP	SAN DIEGO, CA 92123

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/99
Date

(619) 571-5002
Daytime Phone #

CR2E034 (11/98)