

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 21 PM 3:51

1. Name of Limited Partnership

1a. DOCUMENT #

OCEAN HOLIDAY VENTURES, LTD.

A98000002275

Mailing Address

Principal Office Address

PO Box 403006

same

Miami Beach, FL
33140

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

9-29-98

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

65-0868081

7. Certificate of Status Desired

☐ Applied For
☒ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$7,500

5b. Amount of Capital Contributions in FLORIDA to date:

\$7,500

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

JORGE ISRAEL

Name

PO Box 403006

Street Address (P.O. Box Number Is Not Acceptable)

Miami Beach, FL 33140

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12-17-98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

SON-TRANS INC.

3300 NW 19th ST.
APT. 4P-12

AVENUE, FL
33180

P98000073470

200002735022--0
-01/08/99--01090-012
****141.25 ****141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12-17-98

Typed or Printed Name of General Partner Signing Form

JORGE ISRAEL

Daytime Telephone Number

305 538-4314

CR2E003 (8/98)