

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G08091** (2)

1. Corporation Name
OCEAN BANK



Principal Place of Business Mailing Address
**780 NW 42ND AVE., (LE JEUNE RD.)
MIAMI FL 33126** **780 NW 42ND AVE., (LE JEUNE RD.)
MIAMI FL 33126**

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/12/1982 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 59-2237280 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |

9. Name and Address of Current Registered Agent

**CONSUEGRA, LUIS
780 NW 42 AVE SUITE 300
MIAMI FL 33126**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

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 reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MACEDO, DESOUSA A | 1.2 NAME | D |
| STREET ADDRESS | 780 NW 42ND AVE, STE 300 | 1.3 STREET ADDRESS | DE SOUSA MACEDO, JOAO |
| CITY-STATE-ZIP | MIAMI FL | 1.4 CITY-STATE-ZIP | 780 NW 42ND AVE, STE 300 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CABRERA, ANTONIO J. | 2.2 NAME | D |
| STREET ADDRESS | 780 NW 42 AVE, STE 300 | 2.3 STREET ADDRESS | DE ABREU, JOSE QUINTINO |
| CITY-STATE-ZIP | MIAMI FL | 2.4 CITY-STATE-ZIP | 780 NW 42ND AVE, STE 300 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELORTEGUI, RAFAEL | 3.2 NAME | D |
| STREET ADDRESS | 780 NW 42 AVE, STE 300 | 3.3 STREET ADDRESS | PEREZ CONCEPCION, BENIGNO |
| CITY-STATE-ZIP | CORAL GABLES FL | 3.4 CITY-STATE-ZIP | 780 NW 42ND AVE, STE 300 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MONTERO, CARLOS S. | 4.2 NAME | D |
| STREET ADDRESS | 780 NW 42 AVE, STE 300 | 4.3 STREET ADDRESS | CONSUEGRA, LUIS A. |
| CITY-STATE-ZIP | MIAMI FL | 4.4 CITY-STATE-ZIP | 780 NW 42ND AVE, STE 300 |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONCEPCION, JOSE A. | 5.2 NAME | D |
| STREET ADDRESS | 780 NW 42 AVE STE 300 | 5.3 STREET ADDRESS | REYNALDO, ECTORE |
| CITY-STATE-ZIP | MIAMI FL | 5.4 CITY-STATE-ZIP | 780 NW 42ND AVE, STE 300 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, ANTONIO A. | 6.2 NAME | |
| STREET ADDRESS | 780 NW 42 AVE, STE 300 | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 6.4 CITY-STATE-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 119.07(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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (305) 441-5453

Date

Daytime Phone #

CR2E034 (12/95)