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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
780 NW 42ND AVE., (LE JEUNE RD.)  
MIAMI FL 33126

Mailing Address  
780 NW 42ND AVE., (LE JEUNE RD.)  
MIAMI FL 33126-5540

3. Date Incorporated or Qualified 11/12/1982	3a. Date of Last Report 02/09/1996
4. FEI Number 59-2237280	Applied For 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	MACEDO, DESOUSA A
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CABRERA, ANTONIO J.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ELORTEGUI, RAFAEL
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MONTERO, CARLOS S.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CONCEPCION, JOSE A.
STREET ADDRESS	780 NW 42 AVE STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GONZALEZ, ANTONIO A.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CONSUEGRA, LUIS A.
1.3 STREET ADDRESS	780 NW 42 Avenue, Suite 300
1.4 CITY - ST - ZIP	Miami, FL 33126
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

Date Daytime Phone #

CR2E034 (9/96)