
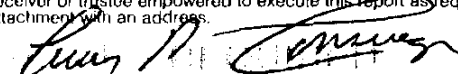


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G08091 (2)</b>					
1. Corporation Name <b>OCEAN BANK</b>					
Principal Place of Business <b>780 NW 42ND AVE.. (LE JEUNE RD.) MIAMI FL 33126</b>			Mailing Address <b>780 NW 42ND AVE.. (LE JEUNE RD.) MIAMI FL 33126</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/12/1982</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2237280</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CONSUEGRA, LUIS 780 NW 42 AVE SUITE 300 MIAMI FL 33126</b>				10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD	MACEDO, DESOUSA A	780 NW 42ND AVE, STE 300	MIAMI FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				12 NAME	
				13 STREET ADDRESS	
				14 CITY-ST-ZIP	
D	CABRERA, ANTONIO J.	780 NW 42 AVE, STE 300	MIAMI FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				22 NAME	
				23 STREET ADDRESS	
				24 CITY-ST-ZIP	
S	CONSUEGRA, LUIS A	780 NW 42 AVE, STE 300	MIAMI FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				32 NAME	
				33 STREET ADDRESS	
				34 CITY-ST-ZIP	
D	MONTERO, CARLOS S.	780 NW 42 AVE, STE 300	MIAMI FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				42 NAME	
				43 STREET ADDRESS	
				44 CITY-ST-ZIP	
PD	CONCEPCION, JOSE A.	780 NW 42 AVE STE 300	MIAMI FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				52 NAME	
				53 STREET ADDRESS	
				54 CITY-ST-ZIP	
D	GONZALEZ, ANTONIO A.	780 NW 42 AVE, STE 300	MIAMI FL	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				62 NAME	
				63 STREET ADDRESS	
				64 CITY-ST-ZIP	
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.					
SIGNATURE:  4/10/98 (305) 569-5453					

CR2E034 (10/97)