

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/12/1982		4. FEI Number 59-2237280		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.	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
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip	28 Country	29 Zip	30 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	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 reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME MACEDO, DESOUSA A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42ND AVE, STE 300	CITY-ST-ZIP MIAMI FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME CABRERA, ANTONIO J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42 AVE, STE 300	CITY-ST-ZIP MIAMI FL	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE S	NAME CONSUEGRA, LUIS A	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42 AVE, STE 300	CITY-ST-ZIP MIAMI FL	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 780 NW 42nd Ave. Suite 300	
		3.4 CITY-ST-ZIP Miami, FL 33134	
TITLE D	NAME MONTERO, CARLOS S.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42 AVE, STE 300	CITY-ST-ZIP MIAMI FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE PD	NAME CONCEPCION, JOSE A.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42 AVE STE 300	CITY-ST-ZIP MIAMI FL	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME GONZALEZ, ANTONIO A.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 NW 42 AVE, STE 300	CITY-ST-ZIP MIAMI FL	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 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: *Luis A. Consuegra* 4/10/98 (305) 569-5453

CR2E034 (10/97)