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

PROFIT



ELORIDA DEPARTMENT DE STATE

CORPORATIO ANNUAL REPO 1996			(1) (1) (1) (1) (1) (1) (1)		Sandra B. Mortham Secretary of State DIVISION OF CORPORATION								
	OCUI Corporation	MENT #	# G1182	9	(0)								
	BAY H	AMMOCK	LAND CORPORAT	ION									
Pi	Principal Place of Business Mailing Address										W 1817 BAUTI UI:	III e hala ali	ALL BURLE BURLE 1881
6262 SUNSET DR P236 6262 SUNSET DR P236 MIAMI FL 33143 MIAMI FL 33143													
										3. Date Incorporated or Qualified 12/06/1982	3a. Date	of Last 5/31/1	•
	Principal Pla	ace of Busines:	S	— —	Mailing Address	·				4. FEI Number		Ĺ	Applied For
21	Suite, Apt. #	#. etc.		26	Suite, Apt. #, etc.					59-2361530		¢0 7	Not Applicable
22				27						5. Certificate of Status Desired		•	75 Additional e Required
23	Orty & State			28	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
24	Zip	25	Country	29	Zip	Countr 30	У			This corporation has liability for Florida Statutes	intangible ta	ıx under	s 199.032,
27			nd Address of Current			30]				10. Name and Address of New F		Agent	
						81	I	Name				-7	
	ROSENBERG, CHARLES H							Street Ad	ddress	s (P.O. Box Number is Not Acceptat	(ek		
6262 SUNSET DR #P236 MIAMI FL 33143							1					· · · · · · · · · · · · · · · · · · ·	
	HIN-MAH I	L 00 140					1						
						84	ı	City			FL	.	Zip Code
11	 Pursuant to or registere familiar with 	o the provision ed agent, or bo h, and accept	s of Sections 607.0502 a oth, in the State of Florida the obligations of, Section	nd 607 Such n 607.(7.1508, Florida Statutes, o change was authorized 0505, Florida Statutes.	the above by the corp	na	amed corp oration's b	ooratio	on submits this statement for the purification of directors. I hereby accept the app	rpose of cha ointment as	inging its registers	registered office ad agent. I am
Sŀ	GNATURE _		77										
12		Signature, typed or p	orinted name of registered agent an OFFICERS AND			Registered Age	nt i	signature req	uired wh	nen reinstating! ADDITIONS/CHANGES TO OFF	DATE	DIDECT	7000 tht 12
TIT	Т	PD	0111061107410	DIII ILO	DELETE	1. 1 TiTLE				ADDITIONS/CHANGES TO OFF		Change	
NA.	ME	ROSENBE	ERG, CHARLES H			1.2 NAME					_	_	_
SI	REFT ADDRESS	6262 SUN				1.3 STREE	TΑ						
	Y-ST-ZIP	MIAMI, FL	. 00000		Em perce	1.4 CITY-	•	- ZIP	<u> 33</u>	143			1
TrT NA:		VD Sochet,	IDA		☐ DELETE	2. 1 TITLE					Ç	Change	Addition
	ME REET ADDRESS			46		2 2 NAME		ADDOTCC (a 3.	SO SOI DIXIE HWY 97	0		
	TREET ADDRESS 5701 SUNSET DRIVE, SUITE 915 S MIAMI, FL 00000									11 AMI FI 33156			
TIT					DELETE	3 1 TiTLE						Change	Addition
NAI	ME					3.2 NAME							
STE	EET ADDRESS					3.3 STREE	T A	ADDRESS					j
	Y-ST-ZIP			-	F7 DOLLTO	3.4 CITY -	\$T-	- ZIP					
TITI NAI	l				DELETE	4. 1 TITLE] Change	Addition
	REET ADDRESS					4.3 STREE	7 A	TUUBECC					
	Y-ST-ZIP					4.4 CITY-							
TiTI					☐ DELETE	5 1 TITLE						Change	Addition
NA	ME					5.2 NAME							
	EET ADDRESS					53STREE	T A	DDRESS					
	Y - \$T - ZiP				Doctor	54 CITY-1	ST-	- ZIP					
TITL					DELETE	6 1 TITLE] Change	Addition
NAM STE	EET ADDRESS					62 NAME 63 STREE	ΓAI	ODRESS					

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 offinged, or on an attachment with an address

6 4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-S1-ZIP

670-1888