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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J03076**

(3)

1. Corporation Name

OCEAN TRAVEL, INC.

Principal Place of Business

**8036 S.W. 81ST DR.
MIAMI FL 33143-3609**

Mailing Address

**8036 S.W. 81ST DR.
MIAMI FL 33143-6609**



3. Date Incorporated or Qualified

03/10/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GARCIA, MAGALY
9490 S.W. 64TH ST.
MIAMI FL 33173**

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

TITLE

**DST
GARCIA, LUIS E.
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**DP
GARCIA, MAGALY
9490 SW 64TH ST
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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:

Magaly Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Magaly Garcia - President

4/25/97

Date

Daytime Phone #

0197942

CR2E034 (9/96)