

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J46232** (1)

1. Corporation Name  
**OCALANDIA, INC.**



Principal Place of Business: % A. ROSEMARY SALA, P.A. 104 CRANDON BLVD., STE. 302 KEY BISCAIYNE FL 33149  
 Mailing Address: % A. ROSEMARY SALA, P.A. 104 CRANDON BLVD., STE. 302 KEY BISCAIYNE FL 33149

3. Date Incorporated or Qualified: 12/08/1986  
 3a. Date of Last Report: 04/27/1995  
 4. FEI Number: NOT APPLICABLE Applied For: Not Applicable  
 5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent  
**SALA, ROSEMARY A.  
 104 CRANDON BLVD.  
 SUITE 302  
 KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Rosemary Sala* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PSD	1.1 TITLE	[ ] Change [ ] Addition
NAME	SALA, A. ROSEMARY	1.2 NAME	
STREET ADDRESS	104 CRANDON BLVD., #302	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied in 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 supplementary 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: *Rosemary Sala* DATE: 3/4/94 (305) 301-0105

CR2E034 (12/95)