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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA 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 33149-1542

3. Date Incorporated or Qualified 12/08/1986
3a. Date of Last Report 03/08/1996

2. Principal Place of Business
21 328 CRANDON BLVD
22 Suite 202
23 Key Biscayne, Florida
24 33149 25 USA
2a. Mailing Address
26 328 CRANDON BLVD
27 Suite 202
28 Key Biscayne, Florida
29 33149 30 USA

4. FEI Number 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

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 Name
82 Street Address (P.O. Box Number is not Acceptable)
83 Suite 202
84 City Key Biscayne FL 85 Zip Code 33149

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE PSD
NAME SALA, A. ROSEMARY
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change
1.2 NAME
1.3 STREET ADDRESS 328 CRANDON BLVD, Suite 202
1.4 CITY-ST-ZIP Key Biscayne Florida 33149
5.1 TITLE Change
5.2 NAME
5.3 STREET ADDRESS 500002189195
5.4 CITY-ST-ZIP -05/23/97--01005--023
***165.00

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: [Signature] DATE: 4-29-97 DAYTIME PHONE: 361-0105

CPRE034 (9/96)