

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

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90006 002 \*\*\*900.00

0196949

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K11395

1. Corporation Name  
OCEAN LINES, INC.

Principal Place of Business  
% TIMOTHY J. ARMSTRONG  
2600 DOUGLAS RD. STE 1111  
CORAL GABLES FL 33134-6125

Mailing Address  
% TIMOTHY J. ARMSTRONG  
2600 DOUGLAS RD. STE 1111  
CORAL GABLES FL 33134-6125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1988	Applied For Not Applicable
4. FEI Number 65-0396825	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7570 NW 14 St Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33126	2a. Mailing Address 26 7570 NW 14 St. Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33126	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

PERDOMO, CARLOS  
7570 NW 14 STREET  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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																				
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)