FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
[illegible] AM 7:47
[illegible] OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K53523 (2)

1. Corporation Name
OCCIDENTAL NAVIGATION COMPANY

Principal Place of Business
P O BOX 64
PALM BEACH FL 33480-064
US

Mailing Address
P O BOX 64
PALM BEACH FL 33480-064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0089312 — 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	2a. Mailing Address
21 249 ROYAL PALM WAY	26 PO BOX 64
Suite, Apt #, etc. 22 SUITE 401	Suite, Apt #, etc. 27
City & State 23 PALM BEACH FL	City & State 28 PALM BEACH FL
Zip 24 33480 Country 25 USA	Zip 29 33480-0064 Country 30 USA

9. Name and Address of Current Registered Agent

DESIDERIO, PIERO L.
200 E BROWARD BLVD
SUITE 1900
FT. LAUDERDALE FL 33301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	OELSNER, W. JAMES E.	1.2 NAME	
STREET ADDRESS	369 S LAKE DR F3	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	VOGT, THOMAS F	2.2 NAME	
STREET ADDRESS	11247 SAN JOSE BLVD SUITE 1718	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ARAUJO, AXEL	3.2 NAME	
STREET ADDRESS	9850 E 61ST WAY S	3.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BCH FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	VESNA, KARAKLAJIC	4.2 NAME	VESNA K. OELSNER
STREET ADDRESS	369 S, LAKE DR #F 3	4.3 STREET ADDRESS	369 S LAKE DR. #F-3
CITY, ST, ZIP	PALM BEACH FL	4.4 CITY, ST, ZIP	PALM BEACH FL 33480
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	CURTIN, ENOS	5.2 NAME	DECEASED
STREET ADDRESS	305 E 88TH ST 5C	5.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95 Date — 407 835 7100 Daytime Phone #

0274882 CP