

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K87598 (4)**

1. Corporation Name
NEW OCEAN, INC.



Principal Place of Business: **736 OCEAN DRIVE MIAMI BEACH FL 33139**
Mailing Address: **736 OCEAN DRIVE MIAMI BEACH FL 33139**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/09/1989	3a. Date of Last Report 05/01/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0118808	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LEVINSON, EDWARD E. 407 LINCOLN RD., PH EAST MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP TOMARCHIO, RODOLFO	2. NAME	
STREET ADDRESS	3709 POINCIANA AVE	3. STREET ADDRESS	
CITY-STATE-ZIP	COCONUT GROVE FL	4. CITY-STATE-ZIP	
TITLE	DTS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6. NAME	
STREET ADDRESS	NAVARRO, LUIS	7. STREET ADDRESS	
CITY-STATE-ZIP	327 E 65TH STREET	8. CITY-STATE-ZIP	
TITLE	NEW YORK NY	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE	<input type="checkbox"/> DELETE	10. NAME	
NAME		11. STREET ADDRESS	
STREET ADDRESS		12. CITY-STATE-ZIP	
CITY-STATE-ZIP		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		14. NAME	
FILE	<input type="checkbox"/> DELETE	15. STREET ADDRESS	
NAME		16. CITY-STATE-ZIP	
STREET ADDRESS		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		18. NAME	
TITLE		19. STREET ADDRESS	
FILE	<input type="checkbox"/> DELETE	20. CITY-STATE-ZIP	
NAME		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22. NAME	
CITY-STATE-ZIP		23. STREET ADDRESS	
TITLE		24. CITY-STATE-ZIP	

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. I am an officer or director of the corporation or the receiver, or a trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of the general or special articles filed with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodolfo Tomarchio President
1-30-96 (305) 673-0088

CR2E034 (12/95)