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PROFIT. **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L43527

OCEAN DALEN (USA), INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90036 015 ***150.00



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Principal Place of Business Mailing Address					T ENDRIVADIO DOS BENDRO ISTRA DICE	JIDII (BB) DIDII	aton giani atan 1	BIBIL BIBIL (BB)
% MURAI. WALD. BIONDO & MORENO, P.A.		% Murai, Wald, Biondo 25 S.E. 2nd Ave., 900 ing Miami Fl 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		•			01/19/1990			
_	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21	***	26			59-2438048		 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & Stat	te in the state of	City & State			Election Campaign Financing Trust Fund Contribution	⁷ 🗆	\$5.00 Added t	
Zip	Country	Zip	Cour	itry	8. This corporation owes the cu	rrent year Ir	ntangible	□No
24	25		30		Personal Property Tax. 10. Name and Address of New	Pasiataras	Yes	
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New	Registeret	ı Ayent	
	RAI, WALD, BIONDO & MORENO, SE 2ND AVE.	, P.A.			ress (P.O. Box Number is Not Accep	otable)		
	INGRAHAM BLDG.	•	1	83				FIRST TOTAL CO.
	MI FL 33131		- 1	63			福智語	
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		0 1007 4500 50 11 01 01						
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was au	thorized	by the corporati	poration submits this statement for this or the construction of the construction is the construction of th	e purpose o ept the appo	or changing its pintment as re	gistered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statu	tes.				1
SIGNATURE			Desistered 2			DATE		
	Signature, typed or printed name of registered ager			gent signature require	ed when reinstating) (2.2)	DATE	ND DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered /		ADDITIONS/CHANGES TO C		ND DIRECTO	DRS 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 opporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 oriBlock 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: