

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

**FILED**

**Feb 11 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 # M16558 (2)**  
1. Corporation Name  
**OCEAN BANKSHARES, INC.**



Principal Place of Business: **780 N.W. 42ND AVENUE STE 300 MIAMI FL 33126 US**  
Mailing Address: **780 N.W. 42ND AVENUE STE 300 MIAMI FL 33126-5536 US**

3. Date Incorporated or Qualified: **06/05/1985**  
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **30**  
4. FEI Number: **59-2541622**  
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

**9. Name and Address of Current Registered Agent**

**CONSEVGRA, LUIS  
780 NW 42ND AVE, STE 300  
MIAMI FL 33128**

**10. Name and Address of New Registered Agent**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>DE SOUSA MACEDO, A.</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DE SOUSA MACEDO, JOAO</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PEREZ C., BENIGNO</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DE ABREU, JOSE QUINTINO</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>CONCEPCION, JOSE A.</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DA CORTE, DOMINGO LEONAR</b>
STREET ADDRESS	<b>780 NW 42ND AVE, STE 300</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MONTERO, Carlos S.</b>
1.3 STREET ADDRESS	<b>780 NW 42 Avenue, #300</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CABRERA, Jr., Antonio J.</b>
2.3 STREET ADDRESS	<b>780 NW 42 Avenue, #300</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GONZALEZ, Antonio A.</b>
3.3 STREET ADDRESS	<b>780 NW 42 Avenue, #300</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>
4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CONSUEGRA, Luis A.</b>
4.3 STREET ADDRESS	<b>780 NW 42 Avenue, #300</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

SIGNATURE: *Luis A. Consuegra* **1/31/97** **569-5453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)