

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M16558 (2)**  
 1. Corporation Name  
**OCEAN BANKSHARES, INC.**



Principal Place of Business <b>780 N.W. 42ND AVENUE                  STE 300                  MIAMI FL 33126                  US</b>	Mailing Address <b>780 N.W. 42ND AVENUE                  STE 300                  MIAMI FL 33126                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/05/1985</b>	4. FEI Number <b>59-2541622</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
22 City & State	27 City & State			
23 Zip	28 Zip			
24 Country	29 Country			

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

**CONSVENRA, LUIS**  
**780 NW 42ND AVE, STE 300**  
**MIAMI FL 33126**

**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 \_\_\_\_\_ (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>Secretary / Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Luis A. Consuegra</b>	
1.3 STREET ADDRESS	<b>780 N.W. 42nd Ave. Suite 300</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 my address.

**SIGNATURE:** *Luis A. Consuegra* **4/10/98 (305) 569-5453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0172885

CR2E034 (10/97)