

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

FILED  
Mar 17 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **M18423** (7)  
1. Corporation Name  
**OCEAN CINEMAS, INC.**



|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O SANTIAGO HERNANDEZ<br/>782 NW 42ND AVE<br/>MIAMI FL 33126</b> | Mailing Address<br><b>C/O SANTIAGO HERNANDEZ<br/>782 NW 42ND AVE<br/>MIAMI FL 33126</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

|                        |                        |
|------------------------|------------------------|
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State        | 27 City & State        |
| 23 Zip                 | 28 Zip                 |
| 24 Country             | 29 Country             |
| 25                     | 30                     |

3. Date Incorporated or Qualified

**07/24/1985**

4. FEI Number

**65-0125016**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, SANTIAGO  
782 NW 42 AVE  
MIAMI FL 33126**

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

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**3-2-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                   |                                 |
|-----------------|-----------------------------------|---------------------------------|
| TITLE           | <b>PT</b>                         | <input type="checkbox"/> DELETE |
| NAME            | <b>HERNANDEZ, SANTIAGO O., JR</b> |                                 |
| STREET ADDRESS  | <b>780 NW 42 AVE</b>              |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 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 an address.

SIGNATURE

*[Signature]*

**3-11-98**

CR2E034 (10/97)