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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

	75	996	DIVISION	OF CORPORATIONS		
D 1.	OCUM Corporation Na	ENT # M65	679 (6	5)		
	LAND, A	IR, SEA, CHARTERS,	INC.			
Pri	incipal Place of	Business	Mailing Address			ais arası asası diğir aştış ElEli 910il (AD)
	10040 NW 9 ST S101	T CIR	10040 NW 9 ST C \$101	IR .		
	MIAMI FL 33172	2	MIAMI FL 33172			
	U\$		US		3. Date incorporated or Qualified 01/25/1988	3a. Date of Last Report 04/24/1995
	Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Cuito Act II a	N. C.	26		65-0027197	Not Applicable
22	Suite, Apt. #, e	etc.	Suite, Apt. #, etc	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
	Zψ	Country	Z _I p	Country	This corporation has liability for interest.	V0000 10 1 003
24		25	29	30	Florida Statutes	No
		9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Rec	gistered Agent
	BRAC, LUI	S				
	10040 N.W. 9TH STREET CIRCLE, #101			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MIAMI FL :	33172		83		
				84 City		85 Zip Code
11	Purcuant to th	no provisions of Continue 607.0	0500 and 607 1500 Florida 04-			
• • •	or registered a	agent, or both, in the State of F and accept the obligations of, S	Florida. Such change was authorida.	orized by the corporation's bea	ration submits this statement for the purpord of directors. I have by accept the appoin	ose of changing its registered office itment as registered agent, I am
	3NATURE	and accept the obligations of, s	section 607.0505, Florida Stati	ites.		alicalar.
	Styra	ature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registered Agent signature require		DATE
12.		PD	AND DIFFECTORS	13.	ADDITIONS/CHANGES TO OFFICE	THE AND DIDECTORS IN 10
NAM		רט			ADDITIONS/OFFICE TO OFFICE	
	\"L	RPAC THIS	☐ DELETE	1. 1 TITLE	ADDITIONO/OFFICE	Change Addition
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4. I do hereby certify that the information supplied with 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 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 if the corporation of 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 as on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/46 (305)554:5440