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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028472 (7)

OCEAN LEASING ENTERPRISES, INC.

Principal Place of Business Mailing Address 7850 NW 64TH ST 7850 NW 64TH ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0406810 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALDERON, STEVEN 7850 NW 64TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 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 or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change CALDERON, STEVEN M NAME 12 NAME

7850 NW 64TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY-ST-7tP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition CALDERON, HECTOR NAME 7160 SW 133 ST. STREET AODRESS 2.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition ENRIQUEZ, NIDIA NAME 3.2 NAME 7301 SW 100 CT. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33173 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE Change 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE Change Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 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, or not attachment with an address.

SIGNATURE:

(304) 594-1963

SIGNATURE:

1-10-98 (305) 594-1903

**FILED** 

Jan 28 1998 8:00am

Secretary of State