

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000056061 (3)**  
1. Corporation Name  
**OCEANIA INTERIORS, INC.**



Principal Place of Business <b>16445 COLLINS AVE MIAMI BEACH FL 33160</b>	Mailing Address <b>16445 COLLINS AVE MIAMI BEACH FL 33160-4555</b>
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2. Principal Place of Business 21 <b>16400 COLLINS AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>16400 COLLINS AVE.</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI BEACH, FL</b>	27 City & State 28 <b>MIAMI BEACH, FL</b>
24 Zip <b>33160</b> 25 Country	29 Zip <b>33160</b> 30 Country

3. Date Incorporated or Qualified <b>08/10/1993</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>65-0432587</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PANKOW, GERALD  
16445 COLLINS AVE  
MIAMI BEACH FL 33160**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>p/s/o</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIKAMP, GERTI</b>	1.2 NAME	<b>Kleikamp, Gerti</b>
STREET ADDRESS	<b>16445 COLLINS AVE</b>	1.3 STREET ADDRESS	<b>16400 Collins Ave</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>
TITLE	<b>DT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANKOW, GERALD</b>	2.2 NAME	<b>PANKOW GERALD</b>
STREET ADDRESS	<b>16445 COLLINS AVENUE</b>	2.3 STREET ADDRESS	<b>16400 COLLINS AVE.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33160</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)