

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 6/10/94: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

**APPROVED
AND
FILED**

94 JUL 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000078592 (1)**

1. Corporation Name
OCEAN BEACH INVESTMENTS, CORP.

DO NOT WRITE IN THIS SPACE

Mailing Address: **999 WASHINGTON AVE MIAMI BEACH FL 33139**
 Principal Place of Business: **999 WASHINGTON AVE MIAMI BEACH FL 33139**

If above addresses are incorrect in any way, file through incorrect information and enter correction below

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report
4. FEI Number 65-0456257	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 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	

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

**GALBUT ABRAHAM A
999 WASHINGTON AVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes

SIGNATURE _____
 Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	WASSERMAN MARTIN W	1.2 NAME	
1.3 STREET ADDRESS	999 WASHINGTON AVE	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	1.4 CITY - ST - ZIP	
2.1 TITLE	V/D	2.1 TITLE	
2.2 NAME	GALBUT ABRAHAM A	2.2 NAME	
2.3 STREET ADDRESS	999 WASHINGTON AVE	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(4)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin W. Wasserman* **Wasserman** *6/21/94* *305-672-3100*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR