FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000000384 (5)**

1. Corporation Name

OCEANIC LIASON, INC.

Principal Place of Business	Mailing Address
~~P.O BOX 418~~ ~~STE. 302~~ ~~PORT ARANSAS TX 78373~~ US	~~790 EAST BROWARD BLVD.~~ ~~STE. 302~~ ~~FORT LAUDERDALE FL 33301.~~

3. Date Incorporated or Qualified: **01/04/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 1601 SE 16th Street	26 c/o Acctg.& Business ConsltS.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 790 E. Broward Blvd. #302
City & State	City & State
23 Ft. Lauderdale, Fl	28 Ft. Lauderdale, Fl
Zip / Country	Zip / Country
24 33316 / 25 USA	29 33301 / 30 USA

4. FEI Number: **65-0461964** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLACE, DEE
~~790 EAST BROWARD BLVD.~~
~~STE. 302~~
~~FORT LAUDERDALE FL 33301.~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1601 SE 16th Street

83

84 City: Ft. Lauderdale **FL** 85 Zip Code: 33316

11. Pursuant to the provisions of Section 607.1502 and 607.1504, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Required when reinstating) (Date) (FEI #)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	WALLACE, DEE		12 NAME	
STREET ADDRESS	P.O. BOX 270566 N/A		13 STREET ADDRESS	1601 SE 16th Street
CITY-ST-ZIP	CORPUS CHRISTI TX		14 CITY-ST-ZIP	Ft. Lauderdale, Fl 33316
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MARTENS, NANCY		22 NAME	
STREET ADDRESS	5064 MEANDERING LANE #A		23 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: ✓ [signature] Mar 26 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)