

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002038 (5)

1. Corporation Name
EWART OCEANIA INC.

Principal Place of Business: **16485 COLLINS AVE SUITE WS1C MIAMI BEACH FL 33160-4554**
Mailing Address: **16485 COLLINS AVE SUITE WS1C MIAMI BEACH FL 33160-4554**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1994**
3a. Date of Last Report

4. FEI Number: **65-0460735**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. **\$5.00 May Be Added to Fees**

8. The corporation has liability for a director for a total of 100,000 Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt #, etc. 26. State, Apt #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 29. City & State

25. County 30. County

9. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
% LEVINE GEIGER & PERLOW
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation admits 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or Director of Registered Agent or Secretary of State)

(Signature of Registered Agent or Director of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP
P	HORTON, MICHAEL	16485 COLLINS AVE	MIAMI BEACH	FL	33160-4554

13. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP

14. I do hereby certify that the information supplied with this filing is accurate, true and correct and that the information stated in this report is true and correct. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes. I further certify that this information is stated in this annual report or supplementary annual report in full and is true and correct and that my signature shall appear thereon and I will pay the fee. I am an officer or director of the corporation or the receiver or liquidator appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report or on an affidavit with an address.

SIGNATURE:

Michael Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. MICHAEL HORTON

6-28-95 305-477-9678

CR2E031 (3/95)