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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002038

EWART OCEANIA INC.

Principal Place of Business

3943 NE 171ST STREET N. MIAMI BEACH FL 33160 US		1061. W OARKLADD BLVD SUITE 123 FT LAUDERDALE FL 33311			DO NOT WRITE IN THIS SPACE			
}		•			01/10/1994			` \
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
21		26		65-0460735	Not Applicable			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Rec	
City & Stat	te	City & State			6. Election Campaign Financing	П	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curr	rent year Intan	gible	
24	25		0		Personal Property Tax.	[] Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Ag	jent	
			8	1 Name	• •			
MAL, برابير	COLM, MOSELEY H		8	3 Street Addr	ess (P.O. Box Number is Not Accept	abla)		
1824	4 NW 48TH TERRACE		"	Z Street Addit	ess (F.O. Box Number is Not Accept	aule)		
COC	CONUT CREEK FL 33068		8	3	15000 00000000000000	en Gallani ya	2 10 10 22 89	1121 121 121
			L		<u>,如銀行為工能的對於</u>	组制制建	是的情報	
			8	4 City	は (1 年) - 1世 (東京 年 7 年) 大学 MT (1 年)	FL.	85 Zip C	Code
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office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida Such change was authons of, Section 607:0505, Florid	la Statute	y the corporations.		pt the appointn	nent as reg	ristered
∰ office or i ∰ agent. I a SIGNATURE	am familiar with, and accept the obligation	f Florida Such change was authons of, Section 607.0505, Florid (NOTE: R	la Statute	y the corporatio	d when reinstating)	pt the appointn		pistered
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14. I 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

DELETE

Change

Addition