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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000030699**1. Corporation Name

P.B. OCEAN CORPORATION

Principal Place of Business Mailing Address									•	BEIN ABILL SALA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
80 SW 8TH ST 80 SW 8TH ST			SW 8TH ST										
SUITE 2801			SUITE 2801										
MIAMI FL 33130 MIAMI FL 33130									DO NOT WRITE IN THIS SPACE				
							3		porated or Qualife	d			
								04/22/1	<u>994 </u>				
2. Principal Pl	ace of Business	2a.	Mailing Address				4	. FEI Numb		•	·-	oplied For_	
21		26						<u>65-0485</u>	<u>069</u>			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certificate	of Status Desired		•	Additional	
22		27						, σοι ιποαιο			Fee R	equired	
City & State			City & State				6	Election C	ampaign Financing	9 🖂	\$5.00	May Be	
								Trust Fund	d Contribution		Added	to Fees	
Zip	Country	Zip	Country			8	8. This corporation owes the current year Intangible						
24	25	25 29 30			Personal Property Tax.					☐ Yes	□No		
9. Name and Address of Current Registered Agent							10). Name and	d Address of New	Registered	d Agent		
				8	31	Name							
	L, CHRISTINA M				32	Stroot A	Addross /	/D O Boy Mi	ımber is Not Accep	ntable)			
80 SW 8TH ST						Street	ruuress ((P.O. BOX 191	Illinei is Mot Accel	Jianie)			
SUIT	E 2801			8	33				_				
MIAN	AI FL 33130		•	Ĺ					_				
				18	34	City				FI	85 Zip	Code	
44 Durawant	to the provisions of Sections 607.05	O2 and 6	07 1509 Etorida Statute	e the abo		named c	cornoratio	on submits t	nis statement for th	e numose n	f changing its	registered	
office or re	egistered agent, or both, in the State	e of Floric	da. Such change was at	uthorized b	oy t	he corpor	ration's b	board of dire	ctors. I hereby acc	ept the appo	ointment as re	egistered	
agent. I ar	n familiar with, and accept the oblig	ations of,	, Section 607.0505, Flor	ida Statut	es.								
SIGNATURE									_				
	Signature, typed or printed name of registered ag			Registered A	gent	signature rec	quired wher		 S/CHANGES TO C	DATE A	ND DIRECTO	DDC IN 12	
12.	OFFICERS A	IND DIRE	DELETE	13.		r		ADDITIONS	S/CHANGES TO C	FFICERS	☐ Change	Addition	
TITLE	PD												
NAME	MATSUKURA, NOBUYUKI	1004		1.2 NAM									
STREET ADORESS	80 SW 8TH STREET, SUITE 2	301		1.3 STRI	EET	ADDRESS						ļ	
CITY-ST-ZIP	MIAMI FL			1.4 CITY		-ZIP							
TITLE	VΙ,		☐ DELETE	2.1 TITL	E		D	,			☐ Change	X Addition	
NAME	BERLANT, JOEL M			2.2 NAM	Ε.]						Ì	
STREET ADORESS	80 SW 8TH ST, SUITE 2801			23 STR	EET,	address				•	`	-	
CITY-ST-ZIP	MIAMI FL			2. 4 CiT	Y-ST	-ZIP							
TITLE	S		☐ DELETE	3.1 TITL	E				<u></u>		☐ Change	☐ Addition	
NAME	RAIDL, CHRISTINA M			3.2 NAM	E						•		
STREET ADDRESS	80 SW 8TH ST, SUITE 2801			3.3 STRI	EET /	ADDRESS							
CITY-ST-ZIP	MIAMI FL			3.4. CITY								, l	
TITLE	77712 W 1 Ca		☐ DELETE	4.1 TITL			AS		_,-		☐ Change	Addition	
NAME				4. 2 NAA	Æ			at Rid	chard F.				
STREET ADDRESS						ADORESS		-	th Street,	#29A1			
									ın street,	# ZOU1			
CITY-ST-ZIP			☐ DELETE	4.4 CITY 5.1 TITL		- 417	MIA	mi, FL	_		☐ Change	Addition	
TITLE				5.2 NAM							590		
NAME						*ODDECC						•	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				5.4 CITY		-ZIP						[] A dilitina	
TILE			☐ DELETE	6.1 TITL							☐ Change	Addition	
NAME				6.2 NAM	E							ļ	
STORET ADDRESS				6.3 STR	EET,	ADDRESS						i	

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 granged or on an attachment with an address, with all other like empowered.

SIGNATURI