FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31 1998 8:00am Secretary of State

	MENT # P9400(OCEANIC EXPRESS SERVIC								
Principal Place of Business Mailing Address						OLEH OUDDOU HAM	i d oktol ad dit ad		
1770 SW 8TH ST 1770 SW 8TH ST									
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE	E IN THIS S	SPACE		
					3. Date Incorporated or Qualified				7
					07/18/1994				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For	1
21		26			65-0505703		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
22 City & Stat	e	City & State			6, Election Campaign Financing			May Be	1
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has p	aid the cur			1
24	25	30			Personal Property Tax due June 30. Yes No				
	g. Name and Address of Current	Registered Agent		4 1	10. Name and Address of New Ro	gistered	Agent		4
CASTILLO B, ALVARO ESO				1 Name					
SCHMACHETENBERG & CASTILLO 1533 SUNSET DR SUITE 201			8	2 Street Addi	ress (P.O. Box Number is Not Accepta	ble)			1
MIAMI FL 33143			8	3					┪
1119	AMILE COLLO		84 City					0.4	4
			1	-		FL	1	Code	
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a lions of, Section 607.0505, Flo	es, the about outhorized l orida Statut	ive-named corp by the corporati es.	poration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the app	changing it ointment as	ts registered registered	
SIGNATURE									
	Signature, typod or printed name of registered age: OFFICERS AND		: Registered A	igent signature requii	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOR	2C IN 12	નેદ્વ
TITLE	D OF TOLAS AND	DELETE	1.1 TITLE	- 1	ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	5
NAME	RUIZ, ROBERTO		1.2 NAM				_ •		12
STREET ADDRESS	ARTA AND ATT OF		1.3 STRE	ET ADDRESS		-			18
CITY-ST-ZIP	MIAMI FL 33135 1.4 CI		1.4 CITY	-ST-ZIP					18
TITLE	D	DELETE	2.1 TITLE			,	☐ Change	Addition	٦٥
NAME	RUIZ, ENRIQUE		2.2 NAM						
STREET ADDRESS	I HALD DI COLOR			et address	•				
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE	-ST-ZIP			Change	Addition	4
TITLE NAME	RUIZ. EDUARDO	-		ł			Onange	ADUIIIQII	1
STREET ADDRESS	ATTO ON OTHER			ET ADDRESS					
CITY-ST-ZIP	ANALY CLASSES		3.4. CITY	Į.					
TITLE	D	DELETE 4.11					Change	☐ Addition	1
NAME	RUIZ, HORACIO		4. 2 NAM	IE					
STREET ADDRESS	1770 SW 8TH ST		4.3 STRE	et address					1
CITY-ST-ZIP	MIAMI FL 33135		4.4 CITY	-ST-ZIP]
TITLE		☐ DELETE	5.1 TITLE	1			☐ Change	■ Addition	
NAME			5.2 NAMI						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETÉ	5.4 CITY 6.1 TITLE			···	Change	Addition	1
NAME	Y The state of the		6.2 NAM	l l			4.101190	hand - Maringill	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	(//	一) —	BA-CITY						
	certify that the information supplied wit	h this fling does not qualify fo	r the ekem	ption stated in	Section 119.07(3)(i), Fiorida Statutes.	further ce	rtify that the	information	1

14. I hereby certify that the information syppyfed 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 syppiemental amposal 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 for on an attachment with an address.

2-18-98

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