

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

DOCUMENT # P94000060433 (7)

1. Corporation Name

INTERNATIONAL OCEANIC, INC.



Principal Place of Business

8500 NW 66 STREET
MIAMI FL 33166

Mailing Address

8500 NW 66 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

65-0512837

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 17506 S.W 29 CT

Suite, Apt. #, etc.

22

City & State

Pembroke Pine

Zip

33029

Country

FL

2a. Mailing Address

26 17506 S.W 29 CT

Suite, Apt. #, etc.

27

City & State

Pembroke Pine

Zip

33029

Country

FL

9. Name and Address of Current Registered Agent

RICHARD J LIND
2551 TIGERTAIL AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Jose F. Pineda

82 Street Address (P.O. Box Number is Not Acceptable)

17506 S.W 29 CT

83

84 City

Pembroke Pine

FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

R. J. LIND

Signature of Registered Agent (Typed or printed name of registered agent and title if applicable)

DATE

04-30-98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FERNANDO, JOSE F
STREET ADDRESS 15295 SW 45TH TERRACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ST
NAME MEDINA, ELIZABETH
STREET ADDRESS 15295 SW 45TH TERRACE
CITY-ST-ZIP MIAMI FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Signature of Registered Agent

04-30-98

CR2E034 (10/97)