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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Change

☐ Addition

DOCUMENT # P95000014793 (0)

OCEAN PAVILION REALTY CORP.

Principal Place of Business Mailing Address					(# <b>00</b> /61
5801 COLLINS AVE.	5601 COLLINS AVE.				
♦CU2					
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE		IN THIS SPACE
				3. Date Incorporated or Qualified	
2, Principal Place of Business	2a. Mailing Address			02/22/1995 4. FEI Number	
21 26					Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			65-0566789	Not Applicable  \$8.75 Additional
22	27	٦ '		5. Certificate of Status Desired	Fee Required
City & State	City & State	tale		6. Election Campaign Financing	\$5.00 May Be
23	28]			Trust Fund Contribution	Added to Fees
<b>Zip</b> Country	Zip	Zip Country		8. This corporation owes or has pai	
24 25	29			Personal Property Tax due June	30. <b>Æ</b> Yes □ No
9. Name and Address of Curren	t Registered Agent		.T	10. Name and Address of New Reg	gistered Agent
MASEDA, LUIS D		81	Name		
5801 COLLINS AVE. APT. 521		82	Street Addr	ess (P.O. Box Number is Not Acceptable	le)
		83			
MIAMI BEACH FL 33140		0.3	<b>'</b>		
		84	City		85 Zip Code
11 Pursuant to the provisions of Sections 607.050	2 and 607 1609 Florida Statut	los the shou	in possed core		FL 3 Zip Code
11. Pursuant to the provisions of Soctions 607.050: office or registered agent, or both, in the State	of Florida. Such change was a	authorized b	y the corporati	ion's board of directors. I hereby accep	urpose of changing its registered in the appointment as registered
agent. I am familiar with, and accept the obliga	itions of, Section 607,050 <b>5</b> , Fi	orida Statut∈	·\$.		_
SIGNATURE Signature, typed or protect name of registered ages	and title if applicable (NOT	C Registered Ac	ent signature require	ed when reinstating)	DATE
SIGNATURE  Signature, typed or provided name of registerest agentic.  OFFICERS AND		C Registered Ag	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
Signature, typed or printed name of registered age			ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	
12. OFFICERS AND  TITLE PTS  NAME MASEDA, LUIS D	DIRECTORS	13.	ent signature require		ERS AND DIRECTORS IN 12
12. OFFICERS AND  TITLE PTS  NAME MASEDA, LUIS D  STREET ADDRESS 5601 COLLINS AVE. #521	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature requin		ERS AND DIRECTORS IN 12
12. OFFICERS AND  TITLE PTS  NAME MASEDA, LUIS D	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	T ADDRESS		ERS AND DIRECTORS IN 12
Signature, typed or profiled name of registered age  12. OFFICERS AND  TITLE PTS  MANE MASEDA, LUIS D  STREET ADDRESS 5601 COLLINS AVE. #521  CITY-ST-ZIP MIAMI BEACH FL  TITLE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	T ADDRESS		ERS AND DIRECTORS IN 12
Signature, typed or printed name of registered ages  12. OFFICERS AND  TITLE PTS  NAME MASEDA, LUIS D  STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL  TITLE  NAME  NAME	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS		ERS AND DIRECTORS IN 12 Change Addition
Signature, typed or printed name of registered ages  12. OFFICERS AND  TITLE PTS  MASEDA, LUIS D  STREET ADDRESS  CITY-ST-ZIP MIAMI BEACH FL  TITLE  NAME  STREET ADDRESS	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	I ADDRESS ST- ZIP		ERS AND DIRECTORS IN 12 Change Addition
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5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

14. Thereby 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 empawered 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 attachine the with as address.

DELETE