

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

①

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -3 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000021918 (4)

1. Corporation Name

OCEAN & OCEAN CORP.

Principal Place of Business

Mailing Address

16445 COLLINS AVE
221
MIAMI BEACH
FL. 33160

16445 COLLINS AVE.
221
MIAMI BEACH
FL. 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02-20-1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0566133

Applied For
Not Applied

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASRANI, ISMAIL
16445 COLLINS AVE #221
MIAMI BEACH
FL. 33160

81 Name

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

83

84 City

FL

85 Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D ASRANI ISMAIL
STREET ADDRESS 16445 COLLINS AVE #221
CITY-STATE-ZIP MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME D ASRANI ZARIN
STREET ADDRESS 16445 COLLINS AVE #221
CITY-STATE-ZIP MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

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

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

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

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

200002905232--9

06/15/99--01063--023 Add
****150.00 ****150.00

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.

SIGNATURE

[Signature]

I. ASRANI 05-21-99.

305-947-2380



Miami, May 21, 1999

To Whom It May Concern:

I had to get this form and fill out because I went to see my accountant and she asked me if I had paid the Annual report for my corporation when I realized I did not received I am enclosing a check in the amount Of \$150.00 dollars to paid for my annual report I do not think I had to paid the penalty when I did not Receive the original form on time.

Hoping that you would acknowledge this I remain,

Sincererey Yours,

Ismail Asrani
President of Ocean & Ocean Corp.