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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000031246 (8)

INTEROCEAN INVESTMENT CORP.

Principal Place	e of Business	Mailing Address				HI i b h u i hill i	.010 11011 OHU	ia d ala 1881
3195 PONCE DE LEON 3195 PONCE DE			u					
SUITE 200 SUITE 200								
CORAL GABLES FL 33134 CORAL GABLES FL 3313			4		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 06/17/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0595064			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	9	City & State	City & State				\$5.00	May Be
23		28			6. Election Campaign Financing Trust Fund Contribution		Added t	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has pa		nt year Int	angible
24	25	29	30		Personal Property Tax due June			No :
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Ag	jent	
	MERO JR, CARLOS A			81 Name				
3195 PONCE DE LEON BLVD				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	-	
SUITE 200								
CORAL GABLES FL 33134				83				
			ŀ	84 City	- making a	FL	85 Zip (Code
44 6	the manifolding of Continue 607 040	9 and 607 1509. Florida Ctatut	on the ob	nous named cor	poration submits this statement for the r		hanging it	e registered
office or r	to the provisions of Sections 607.050. egiste red agent, or both, in the State	of Florida, Such change was a	es, me ac authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	pt the appoin	ntment as	registered
agent. 1 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stati	utes.				
SIGNATURE		(A)(A)	. Demistered	Agent signature requ	ind when rejectation	DATE		
Signature, typed or printed name of registered egent and title 4 applicable (NOTE: Re 12. OFFICERS AND DIRECTORS				Mant aldugione redo	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	DPST	DELETE	13. 1.1 TIT	LE I	7,0011101101010111111111111111111111111		Change	Addition
NAME	GARCIA, I B		1.2 NA			-		_
	REET ADDRESS 110 SIENA WAY APARTMENT 202			REET ADDRESS				
CITY-ST-ZIP	NAPLES FL			Y-ST-ZIP				
TITLE	VP	DELETE	2.1 T(T				Change	Addition
NAME	LAFFITTE, GUSTAVO SR.	_	2.2 NA	1				
STREET ADDRESS	AAA AIRNA MAAY ARARMARAY AAA			REET ADDRESS				
CITY-ST-ZIP	NAPLES FL	LOL		TY-ST-ZIP				
TITLE	VP	DELETE	3.1 TIT				Change	Addition
NAME	LAFFITTE, GUSTAVO JR.	—	3.2 NA				_ •	
STREET ADDRESS	ALA AIRAIA MANA ARARTMENT AGA			REET ADDRESS				
CITY-SY-ZIP	NAPLES FL			TY-ST-ZIP				
TITLE	100 000 10	DELETE	4.1 TIT				Change	Addition
NAME		_	4, 2 NA	AME				
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-ZIP				ry - St - ZiP				
TITLE		DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA					
STREET ADDRESS			4	REET ADORESS				
CITY-ST-ZIP				TY-ST-ZIP				,
TITLE		DELETE	6.1 TIT				Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	F			Y-ST-ZIP				
14 I hereby o	certify that the information supplied w	ith this filing does not qualify for	or the exe	mption stated in	Section 119.07(3)(i), Florida Statutes.	further certi	fy 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.								