

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

020017:

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90130 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031246

1. Corporation Name

INTEROCEAN INVESTMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3195 PONCE DE LEON SUITE 200 CORAL GABLES FL 33134	3195 PONCE DE LEON SUITE 200 CORAL GABLES FL 33134

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	29

3. Date Incorporated or Qualified	
06/17/1995	
4. FEI Number	Applied For
65-0595064	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 the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent
ROMERO JR, CARLOS A 3195 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPST GARCIA, I B 110 SIENA WAY APARTMENT 202 NAPLES FL	
VP LAFFITTE, GUSTAVO SR. 110 SIENA WAY APARTMENT 202 NAPLES FL	
VP LAFFITTE, GUSTAVO JR. 110 SIENA WAY APARTMENT 202 NAPLES FL	

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: _____ Date: 3/15/99 Daytime Phone #: (941) 774-4915

CR2E034 (11/98)