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

CORI ANNU



MENT #	P9500003	7402 (1)	
PROFIT PORATION IAL REPOR 1998	(5.00 Carlot)	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Secretary of State

D.	OCUI Corporation YACHT,		# P950	0000	37402 (1)				
Prin	cipal Place	e of Busines	S		Mailing Address		1 INDUIQUU LIU UCIDI BIINI BONIN HAVAL BURIK BURUC AN		IIO HAAI TOOL	
C/O MARINI & ASSOCS. 3580 1 BISCAYNE TOWER			OWER	C/O MARINI & ASSOCS, 3580 1 BISCAYNE TOWER						
TÝ	O SOUTH	BISCAYNE B			TWO SOUTH BISCAYN					
Mi	AMI FL 331	31			MIAMI FL 33131		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							05/11/1995			
2. 1	Principal Pi	lace of Busi	ness	2	a. Mailing Address	······································	4. FEI Number	1 14	oplied For	
21	The part 1000 of Eddinos				26		65-0578872		ot Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				Additional	
22	1			27	27		5. Certificate of Status Desired	Fee R	equired	
	City & State				City & State		6. Election Campaign Financing		May Be	
23	.		r	28		1 6	Trust Fund Contribution		to Fees	
_	Zip		Country		Z ір П	Country	8. This corporation owes or has paid the cu		tangible No	
24		o Name	and Address of C	29		30	Personal Property Tax due June 30. 10. Name and Address of New Registered		7 100	
	MA		ALD A ESO		otoroo rigorit	81 Name	IV. Hallo and Addiose of Hear Hogestales	- Ngoin		
			ASSOCS. 3580	1 RISCAY	NE TOWED	L				
			BISCAYNE BOUL		NE TOWER	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		j	
		VMI FL 331		UC TAILD		83				
	*****	WIII E 001	•					1[
						84 City	FL	85 Zip	Code	
11.	Pursuant t	to the provis	ions of Sections 60	7.0502 and	607,1508, Florida Stat	utes, the above-named corp	oration submits this statement for the purpose cion's board of directors. I hereby accept the app		ts registered	
	agent la	egistored ag m familiar w	ith, and accept the	obligations	of, Section 607.0505,	s authorized by the corporat Florida Statutes.	ion's board or directors. I nereby accept the app	xomment as	registered	
SIG	NATURE									
		Signature, lypiec	or printed name of registe			OTE: Registered Agent signature requir		DIDECTO	20.01.40	
12.		Vf	OFFICER	S AND DIR	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAM			RONALD A		шин	1.2 NAME		L.J. Olmingo		
	ET ADORESS		SCAYNE BLVD. S	SUITE 350	n	1.3 STREET ADDRESS			Ī	
	-S1-2#P		L 33131	, , , , , , , , , ,	•	1.4 CITY-ST-ZIP				
TITLE				·	DELETE	2.1 TITLE		Change	Addition	
NAMI	.					2.2 NAME			ļ	
STRE	ET ADORESS					2.3 STREET ADDRESS	*		[
CITY	-ST-ZIP					2 4 CITY - ST - ZIP				
TITLE				,-	DELETE	3.1 TITLE		Change	Addition	
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STRE	ET ADDRESS					3.3 STREET ADDRESS			1	
	-ST-ZIP					3 4. CiTY-ST-ZIP		7 80		
TITLE					☐ DELETE	4.1 TITLE		Change	Addition	
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	ET ADDRESS					4.3 STREET ADDRESS			1	
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NAM	į				beeric	5.2 NAME		- Attented	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ET ADDRESS					5.3 STREET ADDRESS			l	
	-ST-ZIP					5.4 CITY-ST-ZIP				
TITLE					DELETE	6.1 TITLE		☐ Change	Addition	
NAMI										
	. ,					6.2 NAME				
STRE	ET ADDRESS					5.2 NAME STREET ADDRESS				

I hereby certify that the information supplied with the indicated on this annual report or supplemental application or director of the corporation or the receipter Block 12 or Block 13 if changed, or than all a bing. [6] The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information fourale and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: