

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **P95000045639 (8)**

1. Corporation Name
OCEANAIRE INN CORPORATION



Principal Place of Business

**1021 21ST ST.
VERO BEACH FL 32960**

Mailing Address

**1021 21ST ST.
VERO BEACH FL 32960-5317**

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0588116

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**ALVAREZ, JUAN
201 SW THORNHILL DR.
PT ST LUCIE FL 34984**

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

(Type or print name of person signing this statement)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
P
ALVAREZ, JUAN
2. STREET ADDRESS
1021 21ST ST.
3. CITY- ST- ZIP
VERO BEACH FL 32960
4. TITLE
VP
5. NAME
ALVAREZ, ESTHER
6. STREET ADDRESS
1021 21ST ST.
7. CITY- ST- ZIP
VERO BEACH FL 32960
8. TITLE
ST
9. NAME
ALVAREZ, JUAN R
10. STREET ADDRESS
1021 21ST ST.
11. CITY- ST- ZIP
VERO BEACH FL 32960
12. NAME
ALVAREZ, JUAN R
13. STREET ADDRESS
1021 21ST ST.
14. CITY- ST- ZIP
VERO BEACH FL 32960

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
☐ Change ☐ Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
☐ Change ☐ Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
☐ Change ☐ Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP
☐ Change ☐ Addition
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
☐ Change ☐ Addition
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY- ST- ZIP
☐ Change ☐ Addition
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY- ST- ZIP
☐ Change ☐ Addition
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY- ST- ZIP
☐ Change ☐ Addition
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY- ST- ZIP
☐ Change ☐ Addition
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP
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45. TITLE
46. NAME
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86. NAME
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88. CITY- ST- ZIP
☐ Change ☐ Addition
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY- ST- ZIP
☐ Change ☐ Addition
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY- ST- ZIP
☐ Change ☐ Addition
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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 included 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.

SIGNATURE:

PRESIDENT: JUAN - ALVAREZ 03/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outgoing Fee: \$

CR2E034 (9/96)