

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 APR 30 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052225 (6)

1. Corporation Name

OCEAN VAC USA, INC.



200001799662
-04/29/96--01106--023
***200.00 ***200.00

Principal Place of Business

325 SOUTH BREVARD
TAMPA FL 33606

Mailing Address

325 SOUTH BREVARD
TAMPA FL 33606

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 9/6 F. Albano

2a. Mailing Address

26 9/6 F. Albano

4. FEI Number

48-0154843

Applied For

Not Applicable

Suite, Apt. #, etc.

22 P.O. Box 568

Suite, Apt. #, etc.

27 PO Box 568

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Anna Maria Island FL

City & State

28 ANNAMARIA ISLAND FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 34216

Country

25 US

Zip

29 34216

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETERSON, MICHAEL L ESQ.
MOLLOY, JAMES & PETERSON
325 SOUTH BREVARD
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

CAPITAL CONNECTIONS

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

417 EAST VIRGINIA ST

83

SUITE 1

84 City

TALLAHASSEE

FL

85 Zip Code

32304

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 Michael L Council Michael Council (Client Rep.) 4/29/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Joseph Fuda	
STREET ADDRESS	777 Queensway, Unit F	
CITY-ST-ZIP	Etobicoke ON M8Z1N4	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Vincent Fuda	
STREET ADDRESS	777 Queensway, Unit F	
CITY-ST-ZIP	Etobicoke ON M8Z1N4	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Mai Lan Nguyen	
STREET ADDRESS	777 Queensway, Unit F	
CITY-ST-ZIP	Etobicoke ON M8Z1N4	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/96 1-800-676-0111
Date Daytime Phone # 3474

CR2E034 (12/95)