SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000070339 (3)**

1. Corporation Name
OCEANS INTERNATIONAL OF AMERICA, INC.

Principal Place of Business	Mailing Address
6126 NW 11 ST. SUNRISE FL 33313	6126 NW 11 ST. SUNRISE FL 33313

3. Date Incorporated or Qualified: 09/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6128 NW 11 St	26 6128 NW 11 St
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 SUNRISE FL	City & State 28 SUNRISE FL
Zip 24 33313	Country 25 USA
Zip 29 33313	Country 30 USA

4. FEI Number: 262870453 ☐ 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

NACCARATO, AMY
6126 NW 11 ST.
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name: NACCARATO, AMY
82 Street Address (P.O. Box Number is Not Acceptable): 6128 NW 11St
83
84 City: SUNRISE FL 85 Zip Code: 33313

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: Amy Naccarato — AMY NACCARATO — DATE: 7/3/96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	11 TITLE	DP	☑ Change ☐ Addition
NAME	NACCARATO, DOMENICK		12 NAME	NACCARATO, DOMENICK	
STREET ADDRESS	6126 NW 11 ST.		13 STREET ADDRESS	6128 NW 11St	
CITY-ST-ZIP	SUNRISE FL 33313		14 CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	DV	☑ DELETE	21 TITLE	DV	☑ Change ☐ Addition
NAME	NACCARATO, AMY		22 NAME	NACCARATO, Amy	
STREET ADDRESS	6126 NW 11 ST.		23 STREET ADDRESS	6128 NW 11St	
CITY-ST-ZIP	SUNRISE FL 33313		24 CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Domenick Naccarato — 7/3/96 — 954-792-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #