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

PROFIT



ELORIDA DEPARTMENT DE STATE

	PORATION AL REPORT	Secretar	3. Mortham ry of State CORPORATIONS			
OCUN Corporation I	MENT # P950	00093933 (6) c.			1611 6 01 8 1 110	XXII AAAA 1840 DII AAA
rincipal Place o		Mailing Address 446 COLLINS AVE.				
446 COLLINS / MIAMI BEACH		MIAMI BEACH FL 33139				
				3. Date incorporated or Qualified 12/11/1995	3a. Date o	f Last Report
Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 65 - 06290		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		s 🔲 No	
	9. Name and Address of Cu		81 Name 101	10. Name and Address of New hreatt, Robert R.	Registered A	gent
				iami Beach	FL	85 Zp §3139
Pursuant to or registere familiar with GNATURE	KNO 11. M	end KOBER		ocration submits this statement for the purposed of directors. Thereby accept the applications of the purposed of the applications of the purposed of the applications	irpose of chan pointment as re	L ging its registered officegistered agent. I am
1	Signarure, typed or printed name of registered	.0502 and 607.1508, Florida Statute f Florida. Such change was authorize Section 607.0505, Florida Statutes. **CONTROL OF THE CONTROL OF THE	is, the above-named corp ad by the corporation's b Thirty Tegraled Apersonalize rep 13.	poration submits this statement for the pupor of directors. Thereby accept the appropriate of directors of the pupor of directors of directors of the pupor of directors of di	irpose of chan pointment as re 196 DATE FICERS AND D	g ng its registered officegistered agent. I am
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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 inchanged, or on an attachment with an address

3/19/96 305-532-2519