

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000047020 (8)

1. Corporation Name  
OCEAN REEF MANAGEMENT, INC.



Principal Place of Business

46 S.W. FIRST STREET #400  
MIAMI FL 33130

Mailing Address

46 S.W. FIRST STREET #400  
MIAMI FL 33130-1697

3. Date Incorporated or Qualified  
06/04/1996

3a. Date of Last Report

4. FEI Number  
65-067-1435

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

2. Principal Place of Business

21 19495 BISCAYNE BLVD.

22 Suite Apt. #, etc.  
Suite 800

23 City & State  
Aventura FL

24 Zip  
33180

25 Country  
USA

2a. Mailing Address

26 19495 BISCAYNE BLVD.

27 Suite Apt. #, etc.  
Suite # 800

28 City & State  
Aventura FL

29 Zip  
33180

30 Country  
USA

9. Name and Address of Current Registered Agent

DIAMOND, KEITH D  
46 S.W. FIRST STREET #400  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name  
JOEL EIDELSTEIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
19495 BISCAYNE BLVD  
83 Suite 800  
84 City  
Aventura FL  
85 Zip Code  
33180

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 authorized to, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Joel Eidelstein* *President* DATE *3/4/97*

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EIDELSTEIN, JOE	
STREET ADDRESS	46 S.W. FIRST STREET #400	
CITY- ST- ZIP	MIAMI FL 33130	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOEL EIDELSTEIN	
1.3 STREET ADDRESS	19495 BISCAYNE BLVD	
1.4 CITY- ST- ZIP	Aventura, FL 33180	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joel Eidelstein* *President* DATE *3/4/97* 805-931-4077

CR2E034 (9/96)