

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 31 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #p96000058129

1. Corporation Name

OCEANSIDE PALACE, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
7/10/1996

3a. Date of Last Report:

2. Principal Place of Business

21 1674 Meridian Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
210

23 City & State  
Miami Beach, Florida

24 Zip  
33139

25 Country  
USA

4. FEI Number  
65-0681416

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

Dov Dunaevsky  
1674 Meridian Avenue  
#210  
Miami Beach, Florida 33139

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 607.0605, Florida Statutes.

SIGNATURE

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    | NAME          | STREET ADDRESS             | CITY-ST-ZIP                | DELETE                   |
|----------|---------------|----------------------------|----------------------------|--------------------------|
| Director | Dov Dunaevsky | 1674 Meridian Avenue, #210 | Miami Beach, Florida 33139 | <input type="checkbox"/> |
|          |               |                            |                            | <input type="checkbox"/> |
|          |               |                            |                            | <input type="checkbox"/> |
|          |               |                            |                            | <input type="checkbox"/> |
|          |               |                            |                            | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | Change                   | Addition                 |
|----------|---------|-------------------|----------------|--------------------------|--------------------------|
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 696