PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600080803

OCEANIA INTERNATIONAL PRODUCTS, INC.

FII	пыр	ar r	ace c	n Dusi	103
160	SE	6ТН	AVE.	SUITE	B 2
D.F.	DAV	DEA	CUE	1 2240	•

Mailing Address

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90027 047 ***150.00



	AVE. SUITE B2 ICH FL 33483) se 6th ave. Suite B2 Lray Beach FL 33483			DO NOT WRITE IN THIS	SPACE	, <u> </u>
						3. Date incorporated or Qualifed 10/01/1996		
2. Principa	Place of Business	2a.	Mailing Address			4. FEI Number		Applied For
·		26				65-0695843		Not Applicable
Suite, A	pt. #, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	75 Additional ee Required
City & S	tate	28	City & State		1	6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	29	Zip Co	untry		This corporation owes the current year Interpretation Personal Property Tax.	☐ Yes	
	9. Name and Address of Cur	rent Regis	tered Agent	Т		10. Name and Address of New Registered	Agent	
16	AN GORP, CAROL S 50 SE 6TH AVE, SUITE B2 ELRAY BEACH FL 33483			81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
				84	City		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 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	red when reinstation) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN GORP, CAROL S	1.2 NAME	
STREET ADDRESS	160 SE 6TH AVE, SUITE B2	1.3 STREET ADDRESS	
	DELRAY BEACH FL 33483	1.4 CITY-ST-ZiP	
CITY-ST-ZIP	ST DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
	VAN GORP, DAVID	2.3 STREET ADDRESS	
STREET ADDRESS	160 SE 6TH AVE, SUITE B2	2.4 CITY-ST-ZiP	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.1 TITLE	☐ Change ☐ Addition
TITLE	·	3.2 NAME	· · _
NAME		1	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	[] DECE IE	4.1 TITLE	
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DELETE	51 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 fin an apachment with an address, with all other like empowered.

SIGNATURE: