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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State: DIVISION OF CORPORATIONS

## DOCUMENT # P96000087427

1. Corporation Name

OCEAN MONEY MARKET CORPORATION

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90066 028 \*\*\*150.00



Principal Place	e of Business	Mailing Address		1 (001)004 IID JOING BING GAIST ORSIG COLD ONS	Ot imili santi arasa stari inai sani
1501 PALM AVENUE 1501 PALM AVENUE HIALEAH FL 33010 HIALEAH FL 33010			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed 10/23/1996	
2. Principal P	lace of Business S.W. FLAGUT	2- 26 332 W 3	7 st.	4. FEI Number 65-0703661	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	4	27		5. Certificate of Status Desired	Fee Required
City & State	mi	City & State 28 / 1/A CEAH		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		untry	This corporation owes the current year In Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
	OUET MONEL D		81 Name		
VAZQUEZ, MIGUEL R		82 Street A	ddress (P.O. Box Number is Not Acceptable)	·	
1501 PALM AVE HIALEAH FL 33010					
IIIAL	EAR FL 33010		83		
			84 City	F	85 Zip Code
11 Duequant	to the provisions of Sections 607 (	)502 and 607.1508. Florida Statutes, the	above-named o	ornoration submits this statement for the nurnose of	of changing its registered
office or s	paintared agent or both in the Sta	ate of Florida. Such change was authorize igations of, Section 607.0505, Florida Sta	ad by the cordor	ation's board of directors. I hereby accept the app	ointment as registered
Į	m ramiliar with, and accept the ob-	igations of, section our tooos, horida ota	itates.		Į
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: Registers	ed Agent signature req	uired when reinstating) DATE	
12.		AND DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO	DELETE 1.11	TITLE	•	☐ Change ☐ Addition
NAME	VAZQUEZ, MIGUEL R	1.21	NAME		
STREET ADDRESS	1501 PALM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP		Change Addition
TITLE	STD		MLE		Douge Symmon
NAME	VAZQUEZ, MARIA J		VAME		
STREET ADDRESS	1501 PALM AVENUE	1	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			NAME .		
STREET ADDRESS			STREET ADORESS		
CITY-ST-ZIP		1	CITY-ST-ZIP		
TITLE			TITLE		Change Addition
NAME		4.2	NAME		
STREET ADDRESS		4.3 5	STREET ADDRESS		
CITY-ST-ZIP		4.41	CITY-ST-ZIP		
TITLE		☐ DELETE 5.11	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS		5.33	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		Cloheres C 4 2200
TITLE		☐ DELETE 6.11	TITLE		☐ Change ☐ Addition
l l					l
NAME		621	NAME STREET ADDRESS		

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 of the receiver or true endowered 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, with all other like empowered.

SIGNATURE: