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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000014836 (5)

1. Corporation Name
OCEANSPACE, INC.

Principal Place of Business
3025 NE 183 STREET
NORTH MIAMI BEACH FL 33160

Mailing Address
3025 NE 183 STREET
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1997

2. Principal Place of Business
21 3025 N.E. 183rd Lane
22 Suite, Apt. #, etc.
23 City & State: Aventura, FL.
24 Zip: 33160
25 Country

2a. Mailing Address
26 3025 N.E. 183rd Lane
27 Suite, Apt. #, etc.
28 City & State: Aventura, FL.
29 Zip: 33160
30 Country

4. FEI Number: 65-0730064 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WASSERLAUF, BERNARD J
3025 NE 183 STREET
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3025 N.E. 183rd Lane
83
84 City: Aventura FL 85 Zip Code: 33160

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 required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WASSERLAUF, BERNARD J	
STREET ADDRESS	3025 NE 183 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	EVPD	☐ DELETE
NAME	WASSERLAUF, MONINA A	
STREET ADDRESS	3025 NE 183 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VPD	☐ DELETE
NAME	WASSERLAUF, THOMAS N	
STREET ADDRESS	3025 NE 183 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3025 N.E. 183rd Lane	
1.4 CITY-ST-ZIP	Aventura, FL. 33160	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3025 N.E. 183rd Lane	
2.4 CITY-ST-ZIP	Aventura, FL. 33160	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3025 N.E. 183rd Lane	
3.4 CITY-ST-ZIP	Aventura, FL. 33160	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: Bernard J. Wasserlauf Bernard J. Wasserlauf April 27, 1998 305-243-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0223871

CR2E034 (10/97)