

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046972

1. Corporation Name
SOUTH OCEAN ENTERPRISES, INC.

Principal Place of Business
4158 N BROWNING DR
WEST PALM BEACH FL 33406

Mailing Address
4158 N BROWNING DR
WEST PALM BEACH FL 33406

FILED

99 SEP -2 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0837407

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 the current year
Intangible Personal Property.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

ORNELAS, DENNISE
4158 N BROWNING DR
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

ORNELAS, Dennise

82 Street Address (P.O. Box Number is Not Acceptable)

165 Ponce de Leon ST

83

84 City

Royal Palm Beach FL

85 Zip Code

33411

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 *Dennise Ornelas*

(NOTE: Registered Agent signature required when reinstating)

8/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ORNELAS, DENNISE
STREET ADDRESS 4158 BROWING DR.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE VP ☐ DELETE

NAME RIVERO, ARMANDO
STREET ADDRESS 4158 BROWING DR.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE S ☐ DELETE

NAME ORNELAS, PEDRO
STREET ADDRESS 4158 BROWING DR.
CITY-ST-ZIP WEST PALM BEACH FL 33406

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 P ☒ Change ☐ Addition

1.2 NAME Ornelas, Dennise
1.3 STREET ADDRESS 165 Ponce de Leon ST
1.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Rivero, Armando
2.3 STREET ADDRESS 165 Ponce de Leon ST
2.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME Ornelas, Pedro
3.3 STREET ADDRESS 165 Ponce de Leon ST
3.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

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: *Dennise Ornelas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/99 (561)333-1851
Date Daytime Phone #

CR2E034 (5/99)

2

To whom it may concern:
The first notice for annual
report, was mailed on
time, but it was lost
in the mail. Please use
this as a replacement for
that one.

Thank you.