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 # P97000059434

OCEANIC SERVICES, INC.

Principal	Place	of B	usiness

Mailing Address

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90006 010 ***150.00



16658 GOLFVIEW DR. 16658 GOLFVIEW DR. FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33		26			
, - _			1 - E - Fundament	DO NOT WRITE IN TO 3. Date Incorporated or Qualifed 07/08/1997	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Andred For	
— '				65-0776726	Applied For Not Applicable
21 26			03 07 10720		
			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State		6. Election Campaign Financing	
23	1-1-1-1	28		Trust Fund Contribution	*\$5.00 May Be Added to Fees
Zip Country Zip		Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	☐Yes , ☐No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	ed Agent
		ESCHOLA CO	81 Nam	9	
, V. VA,	MIGUEL		82 Stree	t Address (P.O. Box Number is Not Acceptable)	
	58 GOLFVIEW DR.		02 S(ree	Address (F.O. Box Number is Not Acceptable)	Commission of the Commission o
FT I	LAUDERDALE FL 33326	•	83	· 精神上記述情報。翻译的學科。	
			84 City	· · · · · · · · · · · · · · · · · · ·	大型 经基本 医甲基基氏 医甲基基氏
Abten coses	and the second	ar in bour of the	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
office or agent, I a	am familiar with, and accept the obligati	2 and 607.1508, Florida Stati of Florida. Such change was ions of, Section 607.0505, F	utes, the above-name authorized by the cor lorida Statutes.	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signatur	a required when reinstating)	
12	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1,1 TITLE	05-07:16728	☐ Change ☐ Addition
NAME	LAMALETTO, CAMILO		1.2 NAME		
STREET ADDRESS	s 2605 N.W. 77TH AVE		1.3 STREET ADDRES	s	•
CITY-ST-ZIP	MIAMI FL 33162		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VA, MIGUEL	Contract of the contract of th	2.2 NAME		
STREET ADDRESS	16658 GOLFVIEW DR.		2.3 STREET ADDRES	s (• .
CITY-ST-ZIP	FT LAUDERDALE FL 33326	575 CT 6 1 1	2. 4 CITY-ST-ZIP		
TITLE	18 48 3 3	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .		•	3.2 NAME		
STREET ADDRESS	NO DESCRIPTION IN THE PARTY OF THE		3.3 STREET ADDRES	S The second sec	Simple Control of the
CITY-ST-ZIP	PARENCAN PROPERTY OF		3.4. CITY-ST-ZIP	1	
TITLE	T	☐ DELETE	4.1 TITLE	किसी गाँउ है किसी है सिहा है सिहा है	Change : Addition
NAME,	j ·		4.2 NAME		
STREET ADDRESS	0		4,3 STREET ADDRES		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		
NAME		— : <u>-</u>	5.2 NAME	77 5 91 1247	☐ Change ☐ Addition I
STREET ADDRESS	1		1		☐ Change ☐ Addition
SANCE ADDITION			5.3 STREET ADORES:		☐ Change ☐ Addition ☐
CITY: CT TID 1 1		•	1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Change ☐ Addition]
CITY-ST-ZIP.	The standing of the standing o	□ DELETE	5.4 CITY-ST-ZIP	1 - 15772723	
TITLE	TO THE PROPERTY OF THE PARTY OF	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
	TO A SECURE OF CASE AND A SECURE OF THE SECU	□ DELETE	5.4 CITY-ST-ZIP	Section 1	

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 in flue 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 at rustee 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 appears, with all other like empowered.

SIGNATURE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)