

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 009 ***600.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000051251

1. Corporation Name

OCEANIA BEACHES DEVELOPMENT CORP.



Principal Place of Business 201 SOUTH BISCAYNE BLVD. SUITE 900 MIAMI FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 900 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 S. Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 3400 City & State 23 Miami, Florida Zip Country 24 33131 25 USA		2a. Mailing Address 26 2 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 3400 City & State 28 Miami, Florida Zip Country 29 33131 30 USA		3. Date Incorporated or Qualified 06/09/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREENE, MICHAEL STEVEN 201 SOUTH BISCAYNE BLVD. SUITE 900 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name Valdes-Pauli Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd., Suite 3400 83 84 City Miami FL 85 Zip Code 33131	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME GREENE, MICHAEL STEVEN STREET ADDRESS 201 SOUTH BISCAYNE BLVD., SUITE 900 CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Pankow, Gerald 1.3 STREET ADDRESS 16400 Collins Avenue 1.4 CITY-ST-ZIP Miami Beach, Florida 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Kleikamp, Gerti 2.3 STREET ADDRESS 16400 Collins Avenue 2.4 CITY-ST-ZIP Miami Beach, Florida 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 205-354-7000
 Date Daytime Phone #

CR2E034 (1/98)