


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 # P98000064638

1. Corporation Name
OCEANIA REALTY, INC.



Principal Place of Business 201 S BISCAYNE BLVD, STE 900 MIAMI FL 33131	Mailing Address 201 S BISCAYNE BLVD, STE 900 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing		7. This corporation owes the current year Intangible Personal Property Tax.	
21 2 S, Biscayne Blvd.		26 2 S, Biscayne Blvd.		07/23/1998				<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22 Suite 3400		27 Suite 3400											
23 Miami, Florida		28 Miami, Florida											
24 33131 25 USA		29 33131 30 USA											

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENE, MICHAEL STEVEN 201 S BISCAYNE BLVD, STE 900 MIAMI FL 33131				81 Name <u>Valdes-Pauli Corporate Services, Inc.</u>			
				82 Street Address (P.O. Box Number is Not Acceptable) <u>2 South Biscayne Blvd., Suite 3400</u>			
				83			
				84 City <u>Miami</u> 85 Zip Code <u>FL 33131</u>			

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: *Michael Steven Greene* *Michael Steven Greene, Vice President* DATE: _____

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

SIGNATURE: *Michael Steven Greene* *Michael Steven Greene* Date: 4/26/99 Daytime Phone #: 305-354-7000

CR2E034 (1/198)