

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2 S. Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 3400

City & State

23 Miami, Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 2 S. Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 3400

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

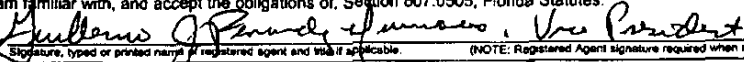
GREENE, MICHAEL STEVEN
201 S BISCAYNE BLVD. STE 900
MIAMI FL 33131

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** **85** **FL** **86** **Zip Code**
33131

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 valid if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, MICHAEL STEVEN	
STREET ADDRESS	201 S BISCAYNE BLVD, STE 900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pankow, Gerald	
1.3 STREET ADDRESS	16400 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach, Florida 33160	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kleikamp, Gerti	
2.3 STREET ADDRESS	16400 Collins Avenue	
2.4 CITY-ST-ZIP	Miami Beach, Florida 33160	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)