**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

FILED
99 APR 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083449

1. Corporation Name

GOLD OCEAN INVEST CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 1505 S.E. 40th Street<br>Suite C<br>Cape Coral, FL 33904 | 1505 S.E. 40th Street<br>Suite C<br>Cape Coral, FL 33904 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/25/90

4. FEI Number: 65-0864319 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 Tax [ ] Yes [X] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Suite, Apt. #, etc: 2425 E. Commercial Blvd. | 26 Suite, Apt. #, etc: same |
| 22 City & State: Suite 401 | 27 City & State: |
| 23 Zip / Country: Fort Lauderdale, FL | 28 Zip / Country: |
| 24 33308 / 25 USA | 29 / 30 |

9. Name and Address of Current Registered Agent

Robert J. La Rocco
1505 S.E. 40th Street
Suite C
Cape Coral, FL 33904

10. Name and Address of New Registered Agent

81 Name: Pio R. Ieraci
82 Street Address (P.O. Box Number is Not Acceptable): 2425 E. Commercial Blvd.
83 Suite 401
84 City: Fort Lauderdale — FL — 85 Zip Code: 33308

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: _____ DATE: 4/26/99
Signature of Typed or printed name of Registered Agent and Title if applicable — IN THE Registered Agent's signature required when changing

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D [X] DELETE | 11 TITLE | D,P,S [ ] Change [X] Add |
| NAME | Robert J. La Rocco | 12 NAME | Werner Lorenz |
| STREET ADDRESS | 1505 S.E. 40th Street, Suite C | 13 STREET ADDRESS | 2425 E. Commercial Blvd., Suite 401 |
| CITY-ST-ZIP | Cape Coral, FL 33904 | 14 CITY-ST-ZIP | Ft. Laudrerdale, FL 33308 |
| TITLE | P,S,T [X] DELETE | 21 TITLE | D, VP [ ] Change [X] Add |
| NAME | Robert J. La Rocco | 22 NAME | Antonie Lorenz |
| STREET ADDRESS | 1505 S.E. 40th Street, Suite C | 23 STREET ADDRESS | 2425 E. Commercial Blvd., Suite 401 |
| CITY-ST-ZIP | Cape Coral, FL 33904 | 24 CITY-ST-ZIP | Ft. Lauderdale, FL 33308 |
| TITLE | [ ] DELETE | 31 TITLE | T [ ] Change [X] Add |
| NAME | | 32 NAME | Marcus Lorenz |
| STREET ADDRESS | | 33 STREET ADDRESS | 2425 E. Commercial Blvd., Suite 401 |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | Ft. Lauderdale, FL 33308 |
| TITLE | [ ] DELETE | 41 TITLE | [ ] Change [ ] Add |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 61 TITLE | [ ] Change [ ] Add |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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:** Werner — apr. 23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (1/98)