PROFIT CORPORATION ANNUAL REPORT 2001-2002

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000079636

1. Corporation Name
OCEAN MAX, CORP.

REINSTATEMENT 01-02

Principal Place of Business	Mailing Address
7951 S.W. 40th Street Suite 206 Miami, Florida 33155	7951 S.W. 40th Street Suite 206 Miami, Florida 33155

3. Date Incorporated or Qualified: 9/08/1999
3a. Date of Last Report: 5/30/00

2. Principal Place of Business
21 7951 S.W. 40th St.
Suite, Apt. #, etc.
22 Suite 206
City & State
23 Miami, Fl.,
Zip 24 33155 Country 25 Dade

2a. Mailing Address
26 7951 S.W. 40th St.
Suite, Apt. #, etc.
27 Suite 206
City & State
28 Miami, Fl.,
Zip 29 33155 Country 30 Dade

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Diaz, O.J.
7951 S.W. 40th St.
Suite 206
Miami, Florida 33155

10. Name and Address of New Registered Agent

81 Name: INAKI SAIZARBITORIA, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1492 So. Miami Ave
83 Suite 203
84 City: Miami, Fl. FL 85 Zip Code: 33130

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: I Saizarbitoria
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAGNANO, GUSTAVO, G.		1.2 NAME	200005073922--4
STREET ADDRESS	7951 S.W. 40th St. Suite 206		1.3 STREET ADDRESS	-03/08/02--01074--018
CITY-ST-ZIP	Miami, Fl., 33155		1.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE MAGNANO AFANE, LIDIA DORA B.		2.2 NAME	
STREET ADDRESS	7951 S.W. 40th St., Suite 206		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl., 33155		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	200005073922--4
STREET ADDRESS			3.3 STREET ADDRESS	-03/08/02--01074--019
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****900.00 ****900.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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; th 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.

SIGNATURE: I Saizarbitoria, as atty. in fact 2/28/02 305.530.0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charter Number Only

2/28/02

Inaki Saizarbitoria
Requestor's Name
1492 S. Miami Ave #203
Address
Miami, FL 33130
City State ZIP Phone
0007

VALIDATION ONLY

CORPORATION(S) NAME

Ocean Max, Corp

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership (X) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028