SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:23

DOCUMENT # **S23897** **(9)**

1. Corporation Name

OCEANIA SERVICE CORP.

Principal Place of Business	Mailing Address
16445 COLLINS AVENUE MIAMI BEACH FL 33160 US	16445 COLLINS AVENUE MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/09/1991	07/20/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 65-0237412 — Applied For ☐ / Not Applicable ☐

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

6. [illegible] ☐ — **$5.00** May Be Added to Fees

7. This corporation is subject to the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PANKOW, GERALD R. 16445 COLLINS AVENUE MIAMI BEACH FL 33160	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]
01 TITLE	PD	☐ Change ☐ Addition
02 NAME	KLEIKAMP, GERTI	
03 STREET ADDRESS	16445 COLLINS AVENUE	
04 CITY ST ZIP	MIAMI BEACH FL	
05 TITLE	TD	☐ Change ☐ Addition
06 NAME	PANKOW, GERALD	
07 STREET ADDRESS	16445 COLLINS AVENUE	
08 CITY ST ZIP	MIAMI BEACH FL	
09 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
25 TITLE		☐ Change ☐ Addition
26 NAME		
27 STREET ADDRESS		
28 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this report is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attached sheet, with my address.

SIGNATURE: Gerti Kleikamp — June 26, 95

SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR DIRECTOR — DATE

CP