


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # S23897 (9) Corporation Name OCEANIA SERVICE CORP. | | |

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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|-------------------------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/09/1991 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0237412 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|--|--|------------------------------|
| 9. Name and Address of Current Registered Agent PANKOW, GERALD R. 16445 COLLINS AVENUE MIAMI BEACH FL 33160 | | 10. Name and Address of New Registered Agent | |
| | | 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

Signature typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|--|---------------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | NAME KLEIKAMP, GERTI | <input type="checkbox"/> DELETE | |
| STREET ADDRESS 16445 COLLINS AVENUE | | | |
| CITY-ST-ZIP MIAMI BEACH FL | | | |
| TITLE TD | NAME PANKOW, GERALD | <input type="checkbox"/> DELETE | |
| STREET ADDRESS 16445 COLLINS AVENUE | | | |
| CITY-ST-ZIP MIAMI BEACH FL | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | |
| STREET ADDRESS | | | |
| 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 supplementary 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 owner 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 1998 305-354-7000 x288

Date

Daytime Phone # 0225083

CR2E034 (10/97)