FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # V49992   (3)

1. Corporation Name

OCEAN INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
6157 NW 167 ST UNIT F25 HIALEAH FL 33015 US	6157 NW 167TH ST UNIT F25 HIALEAH FL 33015-4318 US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/06/1992	03/22/1996

4. FEI Number	Applied For
65-0347277	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26

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

Suite, Apt. #, etc.	Suite, Apt #, etc.
22	27

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

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PINTO, NILSON C 6157 NW 167TH ST UNIT F25 HIALEAH FL 33015	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 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 **D** ☐ DELETE NAME **PINTO, NILSON C** STREET ADDRESS **8331 N.W. 68TH ST.** CITY-ST-ZIP **MIAMI FL 33166**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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; 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

SIGNATURE: SIGNATURE IN FILE   06/21/97   305-822-2024