# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53443 (0)

1. Corporation Name
INTER-OCEAN CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 150 SE 2 AVE<br>SUITE 400<br>MIAMI FL 33131 | 150 SE 2 AVE<br>SUITE 400<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 04/29/1994

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 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0348399 ☐ 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

MICHAEL H. WOLF P.A.
2450 NE MIAMI GARDENS DR
2ND FLOOR
N MIAMI BEACH FL 33180

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | EZEKIEL, ALFRED | 1.2 NAME | BENJAMIN FISHOFF | |
| STREET ADDRESS | 150 SE 2 AVE #400 | 1.3 STREET ADDRESS | 150 S.E. 2nd AVENUE, SUITE 400 | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | T | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | BRECHER, SHARON | 2.2 NAME | ALFRED EZEKIEL | |
| STREET ADDRESS | 150 SE 2ND AVE, STE 400 | 2.3 STREET ADDRESS | 150 S.E. 2nd AVENUE, SUITE 400 | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | | 3.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | DONALD FISHOFF | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 150 S.E. 2nd AVENUE, SUITE 400 | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | | 4.2 NAME | SHARON BRECHER | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 150 S.E. 2nd AVENUE, SUITE 400 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 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 is voluntarily furnished 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 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: ALFRED EZEKIEL VICE PRESIDENT 2/23/95 (305) 379-2600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Daytime Phone #

0127665 CP