

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:27

DOCUMENT # **G08091 (2)**

1. Corporation Name
OCEAN BANK

Principal Place of Business
**780 NW 42ND AVE. (LE JEUNE RD.)
MIAMI FL 33126**

Mailing Address
**780 NW 42ND AVE. (LE JEUNE RD.)
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/12/1982** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number **58-2237280** 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

**CONSUEGRA, LUIS
780 NW 42 AVE SUITE 300
MIAMI FL 33126**

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 and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MACEDO, DESOUSA A
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CABRERA, ANTONIO J.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ELORTEGUI, RAFAEL
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	MONTERO, CARLOS S.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	CONCEPCION, JOSE A.
STREET ADDRESS	780 NW 42 AVE STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GONZALEZ, ANTONIO A.
STREET ADDRESS	780 NW 42 AVE, STE 300
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DE SOUSA MACEDO, JOAO	
1.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DE ABREU, JOSE QUINTINO	
2.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PEREZ CONCEPCION, BENIGNO	
3.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CONSUEGRA, LUIS A.	
4.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REYNALDO, ECTORE	
5.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
5.4 CITY-ST-ZIP	MIAMI, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110 (0723)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addendum.

SIGNATURE: *Luis A. Consuegra* 3/20/95 (305) 441-5453

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date (Typed Name)