

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 10: 27

DOCUMENT # **M16558** (2)

1. Corporation Name  
**OCEAN BANKSHARES, INC.**

Principal Place of Business	Mailing Address
780 N.W. 42ND AVENUE STE 300 MIAMI FL 33126 US	780 N.W. 42ND AVENUE STE 300 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified	3a. Date of Last Report
06/05/1985	04/06/1994
4. FEI Number	Applied For
59-2541622	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONSEGRA, LUIS**  
780 NW 42ND AVE, STE 300  
MIAMI FL 33126

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	CD
NAME	DE SOUSA MACEDO, A.
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DE SOUSA MACEDO, JOAO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	PEREZ C., BENIGNO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DE ABREU, JOSE QUINTINO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	CONCEPCION, JOSE A.
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DE SOUSA MACEDO, JOAO MONTERO, CARLOS S.	
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	DA CORTE, DOMINGO LEONARDO	
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	CABRERA, JR., ANTONIO J.	
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	GONZALEZ, ANTONIO 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	ELORTEGUI, RAFAEL	
5.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
5.4 CITY - ST - ZIP	MIAMI, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONSUEGRA, LUIS A.	
6.3 STREET ADDRESS	780 NW 42ND AVE, STE 300	
6.4 CITY - ST - ZIP	MIAMI, FL	

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 118.07(3)(b), 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:

*Luis A. Consuegra*

3/20/95

(305) 441-5453

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