

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M16558 (2)**

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



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

3. Date Incorporated or Qualified: **06/05/1985**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2541622**  
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

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

**9. Name and Address of Current Registered Agent**

**CONSVENGA, LUIS  
780 NW 42ND AVE, STE 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE SOUSA MACEDO, AGOSTINHO	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE SOUSA MACEDO, JOAO	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ C., BENIGNO	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE ABREU, JOSE QUINTINO	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONCEPCION, JOSE A.	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DA CORTE, DOMINGO LEONARDO	
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-STATE-ZIP	MIAMI FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MONTERO, CARLOS S.	
13 STREET ADDRESS	780 NW 42ND AVE, STE 300	
14 CITY-STATE-ZIP	MIAMI, FL	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CABRERA, JR., ANTONIO J.	
23 STREET ADDRESS	780 NW 42ND AVE, STE 300	
24 CITY-STATE-ZIP	MIAMI, FL	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GONZALEZ, ANTONIO A.	
33 STREET ADDRESS	780 NW 42ND AVE, STE 300	
34 CITY-STATE-ZIP	MIAMI, FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ELORTEGUI, RAFAEL	
43 STREET ADDRESS	780 NW 42ND AVE, STE 300	
44 CITY-STATE-ZIP	MIAMI, FL	
51 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CONSUEGRA, LUIS A.	
53 STREET ADDRESS	780 N.W. 42ND AVE, STE 300	
54 CITY-STATE-ZIP	MIAMI, FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(k), 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 P. Consuegra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 305 441-5453

CR2E034 (12/95)