

**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 # G08091 (2)**  
1. Corporation Name  
**OCEAN BANK**



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

3. Date Incorporated or Qualified **11/12/1982** 3a. Date of Last Report **04/04/1995**  
4. FEI Number **59-2237280** 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

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

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

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | CD                       | <input type="checkbox"/> DELETE |
| NAME           | MACEDO, DESOUSA A        |                                 |
| STREET ADDRESS | 780 NW 42ND AVE, STE 300 |                                 |
| CITY-ST-ZIP    | MIAMI FL                 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | CABRERA, ANTONIO J.      |                                 |
| STREET ADDRESS | 780 NW 42 AVE, STE 300   |                                 |
| CITY-ST-ZIP    | MIAMI FL                 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | ELORTEGUI, RAFAEL        |                                 |
| STREET ADDRESS | 780 NW 42 AVE, STE 300   |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL          |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | MONTERO, CARLOS S.       |                                 |
| STREET ADDRESS | 780 NW 42 AVE, STE 300   |                                 |
| CITY-ST-ZIP    | MIAMI FL                 |                                 |
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | CONCEPCION, JOSE A.      |                                 |
| STREET ADDRESS | 780 NW 42 AVE STE 300    |                                 |
| CITY-ST-ZIP    | MIAMI FL                 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| 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

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 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 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: \_\_\_\_\_ DATE: **1/30/96** DAYTIME PHONE #: **(305) 441-5453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)