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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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: **780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126**
Mailing Address: **780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126-5540**

3. Date Incorporated or Qualified: **11/12/1982**
3a. Date of Last Report: **02/09/1996**
4. FEI Number: **59-2237280**
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, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

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 reinstating) 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 checked="" type="checkbox"/> DELETE
NAME: ELORTEGUI, RAFAEL	
STREET ADDRESS: 780 NW 42 AVE, STE 300	
CITY-ST-ZIP: MIAMI 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: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: CONSUEGRA, LUIS A.	
1.3 STREET ADDRESS: 780 NW 42 Avenue, Suite 300	
1.4 CITY-ST-ZIP: Miami, FL 33126	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)