

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Amended

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 DEC 29 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #841296
1. Corporation Name
30/INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1900 WEST LOOP SOUTH, SUITE 600
HOUSTON, TX 77027

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 8/21/78	3a. Date of Last Report 7/7/97
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 74-1493691	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. 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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
CHAIRMAN	CHARLES B. THOMSEN	1900 WEST LOOP SOUTH	HOUSTON, TX 77027	
VICE PRESIDENT	DIANE NICOLAOU	1900 WEST LOOP SOUTH	HOUSTON, TX 77027	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SENIOR VICE PRESIDENT	JOSEPH CAIFFAN	1900 WEST LOOP SOUTH	HOUSTON, TX 77027	
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VICE PRESIDENT	STEVE HUDSON	1900 WEST LOOP SOUTH	HOUSTON, TX 77027	
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 force and effect as if made under oath. I am an officer or director of the corporation, 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: _____ STEVE HUDSON VICE PRESIDENT 12/24/97 713-871-7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)