

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 # **P38838** (9)

1. Corporation Name
SEVA MARINE CORPORATION



Principal Place of Business: **11900 BISCAYNE BOULEVARD SUITE 200 MIAMI FL 33181 US**
Mailing Address: **P. O. BOX 547037 SURFSIDE FL 33154 US**

3. Date Incorporated or Qualified: **05/15/1992**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: **51-0333973**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EXECUCORP, INC.
11900 BISCAYNE BLVD.
STE. 200
MIAMI FL 33181**

10. Name and Address of New Registered Agent (81-85) fields.

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	D	<input type="checkbox"/> DELETE
NAME	JACOBS, ROBERT A.	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY - ST - ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLE, MARY E.	
STREET ADDRESS	5921 DOVETAIL DR.	
CITY - ST - ZIP	AGOURA HILLS CA	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	BALE, JOHN K	
STREET ADDRESS	516 NORTH PENNSFIELD PLACE #108	
CITY - ST - ZIP	THOUSAND OAKS CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADLER, WENDY	
STREET ADDRESS	516 NORTH PENNSFIELD PLACE, #108	
CITY - ST - ZIP	THOUSAND OAKS CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARGULIES, ALICIA I	
STREET ADDRESS	11900 BISCAYNE BLVD, #200	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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: *Alicia Margulies* - Alicia I. Margulies
DATE: **4-15-96**
DAYTIME PHONE: **305-895-9189**

CR2E034 (12/95)