

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000079523 (4)**

1. Corporation Name  
**OFFSHORE SUPPLY, INC.**



Principal Place of Business: **9600 NW 25 ST. SUITE 3F MIAMI FL 33172 US**  
Mailing Address: **9600 N 25 ST. SUITE 3F MIAMI FL 33172 US**

3. Date Incorporated or Qualified: **10/28/1994**  
3a. Date of Last Report: **07/05/1995**  
4. FEI Number: **65-0528725**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**MESA, MANUEL A ESQ. 250 BIRD RD. SUITE 216 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1506, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                       |   |                                 |
|-----------------------|---|---------------------------------|
| 1101 NAME             | <b>D ADAMI, CLAUDIA</b>                       | <input type="checkbox"/> DELETE |
| 1102 STREET ADDRESS   | <b>9600 NW 25 ST., SUITE 3F MIAMI FL</b>      |                                 |
| 1103 CITY, STATE, ZIP | <b>D BASTOS, NELSON</b>                       | <input type="checkbox"/> DELETE |
| 1104 NAME             | <b>9600 NW 25 ST., SUITE 3F MIAMI FL</b>      |                                 |
| 1105 STREET ADDRESS   | <b>AS MESA, MANVEL A. E</b>                   | <input type="checkbox"/> DELETE |
| 1106 CITY, STATE, ZIP | <b>250 BIRD RD, SUITE 216 CORAL GABLES FL</b> |                                 |
| 1107 NAME             |   | <input type="checkbox"/> DELETE |
| 1108 STREET ADDRESS   |   |                                 |
| 1109 CITY, STATE, ZIP |   | <input type="checkbox"/> DELETE |
| 1110 NAME             |   |                                 |
| 1111 STREET ADDRESS   |   |                                 |
| 1112 CITY, STATE, ZIP |   | <input type="checkbox"/> DELETE |
| 1113 NAME             |   |                                 |
| 1114 STREET ADDRESS   |   |                                 |
| 1115 CITY, STATE, ZIP |   | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                       |   |
|-----------------------|---|
| 1201 TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1202 NAME             |   |
| 1203 STREET ADDRESS   |   |
| 1204 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1205 TITLE            |   |
| 1206 NAME             |   |
| 1207 STREET ADDRESS   |   |
| 1208 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1209 TITLE            |   |
| 1210 NAME             |   |
| 1211 STREET ADDRESS   |   |
| 1212 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1213 TITLE            |   |
| 1214 NAME             |   |
| 1215 STREET ADDRESS   |   |
| 1216 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied on this filing is voluntary, 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. 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: **2/12/96** **305-593-7041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)