2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000079523

Entity Name: OFFSHORE SUPPLY, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
9600 NW : SUITE 3F MIAMI, FL				
Current Mailing Address:			New Mailing Address:	
9600 NW : SUITE 3F MIAMI, FL				
FEI Number	: 65-0528725	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
MESA, MANUEL A ESQ. 100 SOUTHEAST 2ND ST., 37TH FLOOR MIAMI, FL 33131 US			MESA, MANUEL A ESQ. 44 W. FLAGLER STREET SUITE 1575 MIAMI, FL 33130 US	
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATURE:				04/29/2002
	Electror	ic Signature of Registered Ag	ent	Date
		satisfy its Intangible Tax filing red Trust Fund Contribution().	quirement and elects to do so (X).	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FERREIRA, LU 9600 NW 25 ST MIAMI, FL 331	Γ., SUITE 3F	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () FERREIRA, LU 9600 NW 25 ST MIAMI, FL 331	Γ., SUITE 3F	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () MESA, MANVE 1000 BRICKEL MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GM () MESA, MICHAE 9600 NW 25 SO MIAMI, FL 331	Q 3F	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MESA GM 04/29/2002