
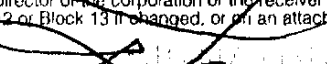


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 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 # 343822 (3) 1. Corporation Name ATCO MARINE SERVICE INC			
Principal Place of Business 28 N W NORTH RIVER DR MIAMI FL 33128		Mailing Address 28 N W NORTH RIVER DR MIAMI FL 33128-1633	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent VALDES-FAULI, RAUL J 2 SOUTH BISCAYNE BLVD, SUITE 3400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME FERNANDEZ, INDALECIO STREET ADDRESS 1833 SW 7TH ST. CITY-ST-ZIP MIAMI FL		1.1 TITLE PD 1.2 NAME VIOLETA LUIS 1.3 STREET ADDRESS 2919 S.W. 25 Terrace 1.4 CITY-ST-ZIP MIAMI, FL. 33133	
TITLE SD NAME VALDES-FAULI, RAUL J STREET ADDRESS 2 SOUTH BISCAYNE BLVD CITY-ST-ZIP MIAMI FL		2.1 TITLE TSD 2.2 NAME GUILLERMO FERNANDEZ 2.3 STREET ADDRESS 2786 S.W. 31 Place 2.4 CITY-ST-ZIP MIAMI, FL. 33133	
TITLE VD NAME SAUMELL, EMILIANO H. STREET ADDRESS 8022 SW 17TH TERRACE CITY-ST-ZIP MIAMI FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:  Emiliano H. Saumell - Vice-President		APR. 23, 1997 (305) 374-5070	



CR2E034 (9/96)