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Feb 13 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 # F96000006458 (1)

1. Corporation Name:
FORCENERGY INTERNATIONAL INC.

Principal Place of Business
2730 S.W. 3RD AVE., STE 800
MIAMI FL 33129

Mailing Address
2730 S.W. 3RD AVE., STE 800
MIAMI FL 33129-2356



| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/06/1996 | | 3a. Date of Last Report FIRST YEAR | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0682697 | | 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 | | | |
| 25 Country | | 30 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 file 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 WENNERSTROM, STIG <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2730 S.W. 3RD AVE., STE 800 | 1.2 NAME | |
| STREET ADDRESS | MIAMI FL 33129 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | V PORTER, J R <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2730 S.W. 3RD AVE., STE 800 | 2.2 NAME | |
| STREET ADDRESS | MIAMI FL 33129 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | S BRUSH, JOHN A <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2730 S.W. 3RD AVE., STE 800 | 3.2 NAME | THOMAS F. GETTEN |
| STREET ADDRESS | MIAMI FL 33129 | 3.3 STREET ADDRESS | 2730 S.W. 3rd AVENUE, SUITE 800 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | MIAMI, FL |
| TITLE | T GRADY, E J <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2730 S.W. 3RD AVE., STE 800 | 4.2 NAME | |
| STREET ADDRESS | MIAMI FL 33129 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | D ISSAL, ROBERT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2730 S.W. 3RD AVE., STE 800 | 5.2 NAME | |
| STREET ADDRESS | MIAMI FL 33129 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

Thomas F. Getten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 (305) 856-8500
F. JOSEPH GRADY, JR. Daytime Phone # 0002761

CR2E034 (9/96)