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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P25139 (7)

1. Corporation Name

TAMROCK E&G WESTERN HEMISPHERE, INC.
HRM



Principal Place of Business

Mailing Address

780 N.W. 42ND AVE., SUITE 323
MIAMI FL 33126

780 N.W. 42ND AVE., SUITE 323
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature

Name of registered agent or director

Title of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIVIMAKI, SEPPA	
STREET ADDRESS	780 N.W. 42ND AVE., SUITE 323	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCCA, PAT	
STREET ADDRESS	780 N.W. 42ND AVE., SUITE 323	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASE, HOWARD T	
STREET ADDRESS	PENN CENTER WEST, SUITE 120	
CITY-STATE-ZIP	PITTSBURGH PA 15276	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JAKOBSEN, OLE	
STREET ADDRESS	PENN CENTER WEST, SUITE 120	
CITY-STATE-ZIP	PITTSBURGH PA 15276	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIND, RAIMO	
STREET ADDRESS	PENN CENTER WEST, SUITE 120	
CITY-STATE-ZIP	PITTSBURGH PA 15276	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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***200.00

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: *Seppo Kivimaki*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Executive Phone # _____

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