

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38838 (9)

1. Corporation Name

SEVA MARINE CORPORATION



Principal Place of Business

11900 BISCAYNE BOULEVARD
SUITE 200
MIAMI FL 33181
US

Mailing Address

P. O. BOX 547037
SURFSIDE FL 33154
US

3. Date Incorporated or Qualified
05/15/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FET Number
51-0333973

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EXECUCORP, INC.
11900 BISCAYNE BLVD.
STE. 200
MIAMI FL 33181

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 the filing officer

Signature typed or printed name of registered agent and the filing officer

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D JACOBS, ROBERT A.
STREET ADDRESS
1 CHASE MANHATTAN PLAZA
CITY- ST- ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
PD HOLLE, MARY E.
STREET ADDRESS
5921 DOVETAIL DR.
CITY- ST- ZIP
AGOURA HILLS CA

TITLE ☐ DELETE

NAME
DVPT BALE, JOHN K
STREET ADDRESS
516 NORTH PENNSFIELD PLACE #108
CITY- ST- ZIP
THOUSAND OAKS CA

TITLE ☐ DELETE

NAME
S ADLER, WENDY
STREET ADDRESS
516 NORTH PENNSFIELD PLACE, #108
CITY- ST- ZIP
THOUSAND OAKS CA

TITLE ☐ DELETE

NAME
VP MARGULIES, ALICIA I
STREET ADDRESS
11900 BISCAYNE BLVD, #200
CITY- ST- ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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: *Alicia I. Margulies*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96
Day

305-895-9189
Daytime Phone #

CR2E034 (12/95)