4-18-97 B-4941 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P38838

(9)

SEVA MARINE CORPORATION

$\Gamma I L C D$										
Apr 18 1997 8:00am										
Secretary of State										

CH CD

Frincipal Flace of Business Mailing Address 11900 BISCAYNE BOULEVARD P. O. BOX 547037 SUITE 200 SURFSIDE FL 33154-703 MIAMI FL 33181 US											
US							3. Date Incorporated or Qualified 05/15/1992	3a. Da 04/2	te of Last Ro 22/1996	eport	1
2. Principal Pl	lace of Business	2a. Mailing /	Address				4. FEI Number 51-0333973			optied For ot Applicable	7
Suite, Apt	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	×	\$8.75 Additional Fee Required		
City & State	0	City & St	late	 -,			6. Election Campaign Financing		\$5.00		1
23 Zip	Country	28 Zip		Cou	ntry	····-	Trust Fund Contribution 8. This corporation has liability for	ntannible	Added t		-
24	25	29		30	·		Florida Statutes	⊈Yes [No	193.002	
	9, Name and Address of Current	Registered Age	ent		81	Name	10. Name and Address of New Re	gistered /	Lgent		4
	CUCORP, INC. X) BISCAYNE BLVD.										_
	. 200				82	Street Add	ress (P.O. Box Number is Not Acceptat	ile)			1
(VII FL 33181				83						1
					84	City		· 	85 Zip (Code	4
						•		FL	1 .		
11. Pursuant l office or ri agent I at	to the provisions of Sections 607 0502 egistered agent, or both, in the State (m familiar with, and accept the obliga	2 and 607.1508, f of Florida Such (itions of, Section	Florida Statut change was a 607.0505, Fk	es, the at authorized orida Stat	ove dby utes	named corp the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ot the appo	changing its ointment as	s registered registered	
SIGNATURE											1
40	Signar eer type d'or printed name of registères agen OFFICERS AND		тои)		i Age	nt signature requir	red when reinstating) ADDITIONS/CHANGES_TO OFFIC	DATE SEDO AND	DIDECTOR	C IN 10	بر إ
12.	D OFFICERS AND		DELETE	13.	n F		ADDITIONS/CHANGES_TO OFFIC	EHS ANL	Change	Addition	-\ <u>\</u>
NAME	JACOBS, ROBERT A.	•		1.2 N/							1
STREET ADDRESS	1 CHASE MANHATTAN PLAZA			1,3 57	REET	ADDRESS					{
CITY-SI-7IF	NEW YORK NY			1.4 0	TY - S	r-ZIP					_ [2
THISE	PD HOUSE MADY S	L.	DELETE	21 TI					Change	Addition	١
NAME	HOLLE, MARY E. 5921 DOVETAIL DR.			2.2 N/							İ
STREET ADDRESS	AGOURA HILLS CA					ADDRESS					
CHY-ST-7IP THUE	DVPT		DELETE	2, 4 C 3,1 Ti		1-DP		·····	Change	Addition	\dashv
NAME	BALE, JOHN K	_		3.2 N/		,					-
STREET ADDRESS	516 NORTH PENNSFIELD PLACE	CE #108				ADDRESS					
CITY-SE-ZIP	THOUSAND OAKS CA			3.4. C	ITY - S	T-ZIP					
THE	S		DELETE	4.1 Ti	TLE.				Change	Addition	
NAME	ADLER, WENDY	ST #400		4.2 N							
STREET ADDRESS	516 NORTH PENNSFIELD PLACE	JE, #108		4.3 ST	REET	ADORESS .					1
City-St-ZiP	THOUSAND OAKS CA		DE ETE	4.4 C)		-ZiP			T-1		4
101.6	VP Margulies, Alicia I	L	DELETE	5.1 Tr		}			Change	Addition	1
NAME ATRICE ARROSCO	11900 BISCAYNE BLVD, #200			5.2 N/		ADDRESS					
STREEL ADORESS () OHY-ST-Zip	MIAMI FL.					ADDRESS					1
TIFLE	7777 VIII F W		DELETE	5.4 CI 6 1 TI		- 114		<u> </u>	Change	Addition	+
NAME		_		62 N/		1			- /		
STREET ADDRESS						ADORESS					}
City S1-7IP				6.4 CI							
	by certify that the information supplied	with this filing d	oes not quali				d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	1

4. 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:

MANNIE THE NAME OF SIGNING OFFICER OF DIRECTOR MAGGULICS

4-01-97

305-895-9189 Daytime Phone #