

P 93000026786

REG FEE AFTER MAY 1 IS \$550.00

FEEL REPORT 1997

ADDRESS CHANGE ONLY

FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

97 OCT -9

DOCUMENT # P93000026786
1. Corporation Name
PACIFIC MARINE CORP.

Principal Place of Business Mailing Address
ONE SE THIRD AVE
SUITE 1980
MIAMI, FL 33131

3. Date Incorporated or Qualified 04/08/93
3a. Date of Last Report 9-15-96

2. Principal Place of Business 2a. Mailing Address
21 4509 WASHINGTON AVE 26 4509 WASHINGTON
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 PASCAGOULA MS 28 MS
Zip Country Zip Country
24 39568 25 USA 29 30

4. FEI Number 64-0407895
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 DATE 9-15-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1. OVP ORLIC, IVAN 4900 NORTH OCEAN BLVD. # 811 FT LAUDERDALE, FL 33304
2. ERIC SNYDER 4509 WASHINGTON AVE PASCAGOULA MS 39568

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE 9/15/97 Daytime Phone 601-769-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E034 (9/96)