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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS
P95000011517 (6)

. Corporation Name	# P93000011317	(0)
MSC MARINE	SERVICE CORP.	

Mailing Address

1030 WASHINGTON ST. HOLLYWOOD FL 33019

Principal Place of Business

1030 WASHINGTON ST. HOLLYWOOD FL 33019



2. Principal Place of Business 2. Principal Place of Business 2. Applied For 2. Applied For 2. Suite, Apt. #, etc. 2. BAY 6 PORT EVERGIADES 2. City & State 2. City & State 2. City & State 2. Fort LAUDERDALE 2. Principal Place of Business 2. Applied For 6. Certificate of Status Desired 3. Fort LAUDERDALE 3. Fort LAUDERDALE 3. Fort LAUDERDALE 4. FEI Number 6. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Required 7. Fee Required 7. Fund Contribution 7. Applied For 8. Total Status Desired 8. Fee Required 8. Lips corporation has liability for intendible to yunder a 100 ceau.						02/10/1995	3a. Date of Las	st Report
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10, Name and Address of New Registered Agent	——— ·	 -	F-1	market and	у			ərs 199.032,
STREET ADDRESS CHARGES		9. Name and Address of Current F	Registered Agent	1			Marcon .	
A \$21 PGA BLVD. SUITE 211 PALM BEACH FL 33418 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Finals 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 Frontia. Such change were authorized by the corporation submits this statement for the purpose of changing its registered office affairment, and accept the obligations of Section 607 0502 and 607 1508. Floridal Statutes. SIGNATURE Signature by the section of the sect				81	Name			
## SET PAR BLVD. SUITE 211 PALM BEACH FL 33418 ## City FL 85 Zip Code 11. Fursuant to the provisions of Sections 607.0502 and 607.1508. Fiorids Statutes, the actore-nemed corporation submits this statement for the purpose of changing at the registered office or registered agent, or both, in the State of Florids. Such change were authorized by the corporation's board of circctors. I hereby accept the appointment as registered eigent. I em statement and a provision of the purpose of changing at the statement of the purpose of changing at the statement as registered eigent. I em statement are registered eigent. I em statement ein	CORPORATE CRESTIONS ENTERPRISES INC.				92 Street Address (D.O. Roy Number in Not Assessable)			
## DELETE	4521 PGA BLVD.			"	Street Address (F.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the activore named corporation submits this statement for the purpose of changing its registered office or neglected discovernment with, and accept the obligations of, Section 607.6508, Florida Statutes. 12.				83	83			
THE PURSUANT to the provisions of Sections 607.0502 and 607.1508, Honda Statutes, the above-named corporation submits this statutes for the purpose of changing its registered office or registered agent, or both, in the State of Fixerias, Such change was authorized by the corporation's board of directors. I hereby accept the displanment of the objections of Section 607.0505, Horida Statutes. SIGNATURE Sprinkes, best or presentance of noticent layers and for 1 evolution. D	PALM	BEACH FL 33418		84	City			
SIGNATURE					* " /			,
Signature Sign	11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 are ad agent, or both, in the State of Florida. h, and accept the obligations of, Section	nd 607.1508, Florida Statut Such change was authoriz 607.0505, Florida Statutes	es, the above- ed by the corp s.	named corpor poration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	iose of changing intrent as registe	its registered office pred agent. I am
12.		Percenture transfer printed part of the late	ng ng maganan mananana.					
THE					nt signature require			
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13.5TREET ADDRESS	NAME	VASQUEZ, ALESSIO C					L] Onan	he [1] Wadillou
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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 concretion 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 planger, or in an attachment with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dete: Daylere Phone #