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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90104 044 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084150

1. Corporation Name

OFFSHORE ENVIRONMENTAL SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1717 NORTH BAYSHORE DRIVE
SUITE 2600
MIAMI FL 33132

Mailing Address
1717 NORTH BAYSHORE DRIVE
SUITE 2600
MIAMI FL 33132

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0826698

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEGRADO, RONALD
1717 NORTH BAYSHORE DRIVE
SUITE 2600
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name **GARY COOPER**
82 Street Address (P.O. Box Number is Not Acceptable)
200 W. PALMETTO PARK ROAD #105
83
84 City **BOCA RATON** FL 85 Zip Code
33432

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **THORLEIF, BERG**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ DELETE
NAME **ANDINO, JULIO**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ DELETE
NAME **BIENVENU, BARBARA**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ DELETE
NAME **DEGRADO, RONALD**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **JOSEPH TERRITO**
1.3 STREET ADDRESS **1717 N. BAYSHORE DRIVE, SUITE 2600**
1.4 CITY-ST-ZIP **MIAMI, FL 33132**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald Degrado

3/25/99 305 371 9239

CR2E034 (11/98)