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 # **V00518** **(3)**

1. Corporation Name

TRANSOCEAN INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
18557 SW 104 AVENUE #2F MIAMI FL 33157	18557 SW 104 AVENUE #2F MIAMI FL 33157

3. Date Incorporated or Qualified: **12/17/1991**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0303367** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X **$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 X No

2. Principal Place of Business
21 15120 SW. 145 Ct
22
23 Miami, FL
24 Zip 33186 25 Country USA

2a. Mailing Address
26 151 Majorca Ave.
27 Suite C
28 Coral Gables, FL
29 Zip 33134 30 Country USA

9. Name and Address of Current Registered Agent

MIESSLER, RICHARD
15060 S.W. 80 AVE
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name: Gabriel Prats
82 Street Address (P.O. Box Number is Not Acceptable): 151 Majorca Avenue
83 Suite C
84 City: Coral Gables, FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 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] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FALAVIGNA, LAERTE	
STREET ADDRESS	18557 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	DOMINGUES, APARECIDO J	
STREET ADDRESS	R.CEL.C.SIQ.CAMPOS 47/23 ED.ROXINOL	
CITY-ST-ZIP	SAO PAULO/SP- BRAZIL 04704-140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D, P, S.	☐ Change ☐ Addition
1.2 NAME	FALAVIGNA, LAERTE	
1.3 STREET ADDRESS	15120 SW. 145 Court	
1.4 CITY-ST-ZIP	Miami, FL 33186	
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 true, complete, and 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: [signature] 03/07/96 (305) 2561778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)