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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
~~15120 S.W. 145 CT.~~ ~~MIAMI FL 33168~~ ~~US~~	~~151 MAJORCA AVE.~~ ~~SUIT C~~ CORAL GABLES FL 33134-4533 ~~US~~

2. Principal Place of Business	2a. Mailing Address
21 12336 SW 75th STREET	26 12336 SW 75th STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI , FL	28 City & State: MIAMI , FL
24 Zip: 33183-3602 25 Country: USA	29 Zip: 33183-3602 30 Country: USA

3. Date Incorporated or Qualified: 12/17/1991
3a. Date of Last Report: 03/14/1996
4. FEI Number: 65-0303367 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~[illegible]~~ ~~151 MAJORCA AVENUE~~ ~~SUITE C~~ ~~CORAL GABLES FL 33134~~	81 Name: JIM SIERRA 82 Street Address (P.O. Box Number is Not Acceptable): 9290 SUNSET DRIVE STE 105 83 84 City: MIAMI FL 85 Zip Code: 33173

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: JIM SIERRA — DATE: 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS FALAVIGNA, LAERTE ~~15120 S.W. 145 COURT~~ ~~MIAMI FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPS FALAVIGNA, LAERTE 12336 SW 75th STREET MIAMI FL 33183-3602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOMINGUES, APARECIDO J R.CEL.C.SIQ.CAMPOS 47/23 ED.ROXINOL SAO PAULO/SP- BRAZIL 04704-140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: LAERTE FALAVIGNA — DATE: 4/25/97