## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90042 007 \*\*\*150.00

Principal Place of Business	1. Corporati						
Principal Place of Business Mailing Address  US  US  US  DO NOT WRITE IN THIS SPACE  3, Date Incorporated or Qualifed  12/17/1991  2. Principal Place of Business  2. Mailing Address  4. FEI Number  6. 50-303367  Not Applied For  Suite, Apt. #, etc.  5. Certificate of Status Desired  Suite, Apt. #, etc.  City & State  28  Country  Jap  Country  Special Place of Business  Applied For  Not Applied For  Not Applied For  Not Applied For  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Sire City & State  City & State  City & State  City & State  Special Country  S	TRANSOCEAN INTERNATIONAL TRADING, INC.						
MIAMI FL 33183-3802 US  US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 12/17/1991  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 12/17/1991  2. Principal Place of Business 2. Mailing Address 4. Fell Number 65-0303367 Not Applicable Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. December 2. Sell-control of Country 2. December 2. Sell-control of Country 3. Name and Address of Current Registered Agent  3. Date Incorporated or Qualifed 12/17/1991  4. Fell-control of Status Desired 4. Election Campaign Financing 75. 00 May Be 75	Principal Place of Business Mailing Address					r somsk minnin mallan mallan mandr stead night about målet bligte blott minnt bomb	
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24 25 29 30 Personal Property Tax.	City & Sta	ate	<b>⊢</b> , ′			4	
SIERRA, JIM 9290 SUNSET DR. STE. 105 MIAMI FL 33173  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  Signature. Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPS  FALAVIGNA, LAERTE  12 NAME  STREET ADDRESS  13 STREET ADDRESS	Zip <b>24</b>				У		
SIERRA, JIM  9290 SUNSET DR.  STE. 105  MIAMI FL 33173  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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPS  DPS  DELETE  1.1 TITLE  Change  Addition  Addition  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
MIAMI FL 33173  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    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   DPS	SIERRA, JIM 9290 SUNSET DR.			L			
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPS □ DELETE 1.1 TITLE 1.2 NAME  FALAVIGNA, LAERTE 1.2 NAME  STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS		<u>=</u>					
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE: