

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16104** (5)

1. Corporation Name
SEA SIAM, INC.



Principal Place of Business % WAYNE H. RASSNER 7000 S.W. 62ND AVE. S-300 MIAMI FL 33156	Mailing Address 12735 S. DIXIE HWY. MIAMI FL 33156-5944
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3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2662238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 12735 S DIXIE HWY State, Apt. #, etc. 22. MIAMI FL City & State 23. 33156 Zip VSA Country	2a. Mailing Address 26. 12735 S DIXIE HWY State, Apt. #, etc. 27. MIAMI FL City & State 28. 33156 Zip VSA Country
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9. Name and Address of Current Registered Agent

**HALL, WILLIAM B
8134 SW 208 TR.
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81 Name HALL WILLIAM B
82 Street Address (P.O. Box Number is Not Acceptable) 11430 N KENDALL DR SUITE 201
83
84 City MIAMI
85 Zip Code FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME NEDTRANON, SINAD	STREET ADDRESS 13740 S. W. 73 AVENUE	CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE STD	NAME NEDTRANON, KULNADDA	STREET ADDRESS 13740 S. W. 73 AVENUE	CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: **01/14/97** Daytime Phone #: **(305) 233-5599**

CR2E034 (9/96)