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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090941 (1)

1. Corporation Name
SEA CAYMAN, INC.



Principal Place of Business
7910 WEST DRIVE, UNIT 212
NORTH BAY VILLAGE FL 33141

Mailing Address
~~POST OFFICE BOX 6324~~
~~MIAMI BEACH FL 33141~~

3. Date Incorporated or Qualified 11/05/1996
3a. Date of Last Report
4. FEI Number 05-0707169
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

2. Principal Place of Business

2a. Mailing Address
26 1140 KANE CONCOURSE

21 State Apt #, etc

Suite, Apt #, etc
27 FIFTH FLOOR

22 City & State

28 BAY HARBOR ISLANDS, FL

23 Zip

Country

29 33154

Country

24

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~GORAL GABLES FL 33134~~

81 Name ROBERT H. SILVERS
82 Street Address (P.O. Box Number is Not Acceptable) 1140 KANE CONCOURSE FIFTH FLOOR
83
84 City BAY HARBOR ISLANDS FL 85 Zip Code 33154

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]* DATE 3/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PSTD
NAME LECLAIR, JOSEPH A
STREET ADDRESS 7910 WEST DRIVE, UNIT 212
CITY- ST- ZIP NORTH BAY VILLAGE FL 33141
[Delete checkboxes]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
[Change Addition checkboxes]

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 *[Signature]* JOSEPH A. LECLAIR 3/13/97 305-804-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)