

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

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Apr 09 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 # **F93000001177 (5)**

1. Corporation Name
SOCIETE GENERALE ENERGIE (USA) CORP.



Principal Place of Business 1221 AVENUE OF THE AMERICA 8TH FL NEW YORK NY 10020 US	Mailing Address 1221 AVENUE OF THE AMERICAS 8TH FL NEW YORK NY 10020-1001 US
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3. Date Incorporated or Qualified 02/23/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-3694718	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, type 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	CEO EDOUARD NEVASKI <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 CENTRAL PARK W. #28J, NY NY	1.2 NAME	
STREET ADDRESS	PD <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ADER, H. JEFFREY <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	222-E NAVESINK AVE. LOCUST NJ 07116	2.1 TITLE	AVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD <input type="checkbox"/> DELETE	2.2 NAME	LEPAGE, CHRISTOPHE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	REYNAUD, JEAN <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	61 JANE STREET, #15J
CITY-ST-ZIP	32 RUE GALILEE <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014
TITLE	77380 CAOMBS LA VILLE, FRANCE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	OUDET, JEAN P <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	23 RUE D' ABEVILLE, 75009 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	PARIS FR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	FRANCOIS- XAVIER, ST. MACARY <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	91 AVENUE DES TERNES <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	PARIS FR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  /Christophe Lepage/A.V.P. 4/4/97

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005101

CR2E034 (9/96)