

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State
09-13-1999 90003 017 ***550.00

DOCUMENT # **F98000002843**

Corporation Name
RESIDENSEA (U.S.A.) INC.



Principal Place of Business
**ROCKEFELLER PLAZA. 20TH FL.
NEW YORK NY 10111**

Mailing Address
**45 ROCKEFELLER PLAZA. 20TH FL.
NEW YORK NY 10111**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3935683	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME D RONNINGEN, GUDMUND KALFARVEIEN 57A N-5018, BERGEN, NORWAY		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME D KURTZ, RONALD 19495 BISCAYNE BLVD., STE. 801 AVENTURA FL 33180		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME DPS BURNETT, ROBERT W 737 PARK AVE. NEW YORK NY 10021		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** **9/2/99 (212) 332-1660**

CR2E034 (5/99)