

**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).**

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F98000002843**

**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	
ROCKEFELLER PLAZA. 20TH FL. NEW YORK NY 10111		45 ROCKEFELLER PLAZA. 20TH FL. NEW YORK NY 10111		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	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

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			

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.

NATURE		SIGNATURE		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	D RONNINGEN, GUDMUND KALFARVEIEN 57A N-5018, BERGEN, NORWAY	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			1.2 NAME		
ET ADDRESS	D KURTZ, RONALD 19495 BISCAYNE BLVD., STE. 801 AVENTURA FL 33180	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS		
ST-ZIP			1.4 CITY-ST-ZIP		
ET ADDRESS	DPS BURNETT, ROBERT W 737 PARK AVE. NEW YORK NY 10021	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			2.2 NAME		
ET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
ST-ZIP			2.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			3.2 NAME		
ET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			4.2 NAME		
ET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			5.2 NAME		
ET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			6.2 NAME		
ET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

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]* **DATE:** 9/2/99 **PHONE:** (212) 332-1660

CR2E034 (5/99)