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FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000072185 (9)

1. Corporation Name

SEA TECHNOLOGIES, INC.



Principal Place of Business

3200 NW 110TH ST.  
MIAMI FL 33167

Mailing Address

3200 NW 110TH ST.  
MIAMI FL 33167-3718

3. Date Incorporated or Qualified  
09/30/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Citicenter- 290 NW.165 ST

Suite, Apt. #, etc.

22 Suite 750

City & State

23 Miami, Florida

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 Citicenter- 290 NW. 165 ST.

Suite, Apt. #, etc.

27 Suite 750

City & State

28 Miami, Florida

Zip

29 33169

Country

30 U.S.A.

4. FEI Number

65-0661739

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

9. Name and Address of Current Registered Agent

SALAMA, ALBERTO M.  
401 HOLIDAY DR.  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS      | CITY - ST - ZIP | DELETE                   |
|-------|-----------------|---------------------|-----------------|--------------------------|
| DP    | SALAMA, ALBERTO | 3200 N.W. 110TH ST. | MIAMI FL 33167  | <input type="checkbox"/> |
| D     | SALAMA, ELIAS   | 3200 N.W. 110TH ST. | MIAMI FL 33167  | <input type="checkbox"/> |
| D     | SALAMA, SAMUEL  | 3200 N.W. 110TH ST. | MIAMI FL 33167  | <input type="checkbox"/> |
|       |                 |                     |                 | <input type="checkbox"/> |
|       |                 |                     |                 | <input type="checkbox"/> |
|       |                 |                     |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS           | CITY - ST - ZIP        | DELETE                              |
|-------|------|--------------------------|------------------------|-------------------------------------|
|       |      | 401 Holiday Drive        | Hallandale, Fla. 33009 | <input checked="" type="checkbox"/> |
|       |      | 3802 NE. 207 ST. TH # 7  | AVENTURA, FLA. 33180   | <input checked="" type="checkbox"/> |
|       |      | 3802 N.E. 207 ST. # 1702 | AVENTURA, FLA. 33180   | <input checked="" type="checkbox"/> |
|       |      |                          |                        | <input type="checkbox"/>            |
|       |      |                          |                        | <input type="checkbox"/>            |
|       |      |                          |                        | <input type="checkbox"/>            |

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/97

305-9770060

Date

Daytime Phone #

0229482

CR2E034 (9/96)