

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000027223 (3)

1. Corporation Name

SEACLEAN USA, INC.



Principal Place of Business

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified  
04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2734 Edgarc st.

26 2734 Edgarc st

4. FEI Number

65-0575878

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Port St Lucie

27 Port St. Lucie

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 FL

28 FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 34953

25 USA

29 34953

30 USA

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN E. WASHOFSKY, E.A., P.A.  
4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410

81 Name

Guerman Kostyrev

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

3343 SW Mc Mullen St

83 City & State

Port St. Lucie FL

84 City

FL

85 Zip Code

34953

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

*Guerman Kostyrev*  
Signature, typed or printed name of registered agent and title if applicable.

Guerman Kostyrev - president

4/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME KOSTYREV, GUERMAN  
STREET ADDRESS 4360 NORTHLAKE BLVD., STE. 205  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE

DP

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

Kostyrev Guerman

1.3 STREET ADDRESS

3343 SW Mc Mullen St

1.4 CITY-ST-ZIP

Port St. Lucie, FL 34953

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

Margarita Stepanova

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

3343 SW Mc Mullen St

2.3 STREET ADDRESS

Port St. Lucie FL 34953

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Guerman Kostyrev*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guerman Kostyrev

4/23/96

(407) 3369622

DATE

Daytime Phone #

CR2E034 (12/95)