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May 20 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 # P 95 000027223  
1. Corporation Name Seaclean USA inc

Principal Place of Business 3241 South US1  
Fort Pierce, FL  
34982

2. Principal Place of Business 21 3241 South US1  
Suite, Apt. #, etc 22 Fort Pierce, FL  
City & State 23 34982 USA  
Zip 24 Country 25

9. Name and Address of Current Registered Agent  
Guerman Kostyrev  
Sec. BL 10.

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-President 4-4-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	
NAME	Guerman Kostyrev	12 NAME	
STREET ADDRESS	3343 SW Mc Mullen St	13 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34953	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	100002199291
STREET ADDRESS		53 STREET ADDRESS	-06/03/97--01015--031
CITY-ST-ZIP		54 CITY-ST-ZIP	***165.00
TITLE		61 TITLE	
NAME		62 NAME	CS
STREET ADDRESS		63 STREET ADDRESS	5/20/97
CITY-ST-ZIP		64 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  Guerman Kostyrev 4-4-97 (561) 336-9622

CR2E034 (9/96)