


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>P97000053879 (7)</b> 1. Corporation Name <b>SYSTEMONE TECHNOLOGIES, INC.</b>		



Principal Place of Business <b>8425 SW 129 TERR. MIAMI FL 33156</b>	Mailing Address <b>8425 SW 129 TERR. MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8305 NW 27th St</b> Suite, Apt. #, etc 22 <b>Suite 107</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33122</b>		2a. Mailing Address 26 <b>8305 NW 27th St.</b> Suite, Apt. #, etc. 27 <b>Suite 107</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33122</b>		3. Date Incorporated or Qualified <b>06/18/1997</b>	
		4. FEI Number <b>65-0801411</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent 81 Name <b>Pierre G. Mansur</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8425 SW 129th Terrace</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33156</b>	
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11. Pursuant to the provisions of Sections 607.0500 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 *Pierre G. Mansur* **4-20-98**  
Signature, typed or printed name of registered agent and title, if applicable. (Note: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANSUR, PIERRE G 8425 SW 129 TERR. MIAMI FL 33156</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANSUR, PAUL I 8425 SW 129 TERR. MIAMI FL 33156</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANSUR, ELIAS F 8425 SW 129 TERR. MIAMI FL 33156</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACK, JOSEPH E 8425 SW 129 TERR. MIAMI FL 33156</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEDBERG, JAN 8425 SW 129 TERR. MIAMI FL 33156</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>CFO SMITH, RICHARD P 10904 TEA OLIVE LANE BOCA RATON FL 33498</b>	

14. 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; that I am a duly authorized officer or director 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 in an attachment with an address.

SIGNATURE: *Richard Smith* **4/10/98 305-593-8015**

CF2E034 (10/97)