

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

DOCUMENT # F97000004788 (2)  
 1. Corporation Name

KALASHNIKOV-USA LTD. INCORPORATED



Principal Place of Business: PO BOX 157 FT. PIERCE FL 34982  
 Mailing Address: PO BOX 157 FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1445 S.E. VILLAGE GL.  
 Suite, Apt. #, etc.  
 22 SUITE A-1  
 City & State  
 23 Ft. St. Lucie FL  
 Zip Country  
 24 34952 25 USA

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified: 09/15/1997  
 4. FEI Number: 65-0746894  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

LYSHON, G. STEVENS  
 3101 SOUTH INDIAN RIVER DR.  
 FT. PIERCE FL 34982

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	LYSHON, G. STEVENS	
STREET ADDRESS	3101 S. INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	CV	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, E. WAYNE	
STREET ADDRESS	17 TOTTEN RD.	
CITY-ST-ZIP	FT. PIERCE FL 34954	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUMKOV, GEORGY	
STREET ADDRESS	3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC	
CITY-ST-ZIP	RUSSIA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRODETSKY, VLADIMIR	
STREET ADDRESS	3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC	
CITY-ST-ZIP	RUSSIA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAGDEEY, MARK	
STREET ADDRESS	3, DERYABIN ST., IZHEVSK, UDMART REPUBLIC	
CITY-ST-ZIP	RUSSIA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LYSHON, L.G.	
STREET ADDRESS	3101 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH S. LYSNON	
1.3 STREET ADDRESS	1001 HERON	
1.4 CITY-ST-ZIP	FT. PIERCE FL 34954	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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] 09/27/98

CR2E034 (5/98)