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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE.

P94000012166 (2)

CARAT 7, INC.

MAIN OFFICE IN USA 10223 S.E. Lennard Road Port St. Lucie, FL 34952 Phone: (407) 398-1544 MAIN OFFICE IN USA 10223 S.E. Lennard Road Port St. Lucie, FL 34952 Phone: (407) 398-1544 Fax (407) 398-1595 FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Fax (407) 398-1595 Fax (407) 398-1595 3. Date Incorporated or Qualified <u>02/10/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0473891 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GROUZDEV, SERGUEI 82 Street Address (P.O. Box Number is Not Acceptable) MAIN OFFICE IN USA 10223 S.E. Lennard Road Port St. Lucie, FL 34952 Phone: (407) 398-1544 City 85 Zip Code Fax (407) 398-1595 Pu and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office a specific state of the corporation submits this statement for the purpose of changing its 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change GROUZDEV, SERGUEI NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS MAIN OFFICE IN USA CITY-ST-ZIP 1.4 CITY-ST-ZIP 10223 S.E. Lennard Road TITLE DELETE 2.1 TITLE ☐ Change Addition Port St. Lucie, FL 34952 NAME 2.2 NAME Phone: (407) 398-1544 STREET ADDRESS 2.3 STREET ADDRESS Fax (407) 398-1595 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 adjuss.