

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000021992 (0)

1. Corporation Name
ANVI INTERNATIONAL, INC.



Principal Place of Business: 8639 HIMES AVE. NORTH SUITE 2321 TAMPA FL 33614
Mailing Address: 8639 HIMES AVE. NORTH SUITE 2321 TAMPA FL 33614

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/15/1994	05/01/1995
4. FCI Number	Applied For / Not Applicable
59-3241424	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARK, BLAIR W 300 31ST ST N SUITE 101 ST PETERSBURG FL 33713				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAZARIEV, ANDREI		2. NAME		
STREET ADDRESS	8639 HIMES AVE. N. # 2321		3. STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL		4. CITY- ST- ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLOUBENKO, VIKTOR		22. NAME		
STREET ADDRESS	8639 HIMES AVE. N. # 2321		23. STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL		24. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY- ST- ZIP			34. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY- ST- ZIP			44. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY- ST- ZIP			54. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY- ST- ZIP			64. 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: *Andrei Nazariw* / ANDREI NAZARIEV / 3/14/96 (813) 410-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE NUMBER

CR2E034 (12/95)