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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

| ····                                      | ce of Business<br>ER DR.                               | MAL INADING,   | Mailing Add  |   | 1                                    |                          |                         |  |  |  |
|---|--|--|--|---|--------------------------------------|--------------------------|-------------------------|--|--|--|
|   |  |  |  |   |                                      |                          |                         | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996   |  |  |
| 2. Principal f                            | lace of Busine   | 988  | 2a. Mailing Address  |   |                                      |                          |                         | 4. FEI Number Applied For 65-0299411 Not Applicable  |  |  |
| Suite, Apt                                | #, etc.  |  | Suite, Apt. #, etc.  |   |                                      |                          |                         | Certificate of Status Desired  |  |  |
| City & Stat                               | le   |  | City & State   |   |                                      |                          |                         | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| <b>23</b><br>Zip                          |  | Country  | 28 Zip   | ·   | T Co                                 | untry                    |                         | Trust Fund Contribution  |  |  |
| 24]                                       | , <u>}</u>   |  | <del> </del> 1   | 29 30                                       |                                      | - Control                |                         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  |  |  |
|   |  | and Address of Curre   |  | ent   | 1001                                 | Ţ                        |                         | 10, Name and Address of New Registered Agent   |  |  |
| KOI                                       | LOV, ALIM A  |  |  |   |                                      | 81                       | Name                    |  |  |  |
| 925 STILLWATER DR.<br>MIAMI BCH. FL 33141 |  |  |  |   |                                      | 82                       | Street A                | idress (P.O. Box Number is Not Acceptable)   |  |  |
| MIA                                       | MI DOM. FL   | 33141  |  |   |                                      | 83                       |                         |  |  |  |
|   |  |  |  |   |                                      | 84                       | City                    | FL 85 Zip Code   |  |  |
| 11. Pursuant office or agent. La          | to the provision<br>registered ago<br>am familiar with | ons of Sections 607.09<br>ent, or both, in the Sta<br>h, and accept the obli | 502 and 607.1508,<br>te of Florida. Such<br>igations of, Section | Florida Statu<br>change was<br>607.0505, Fl | tes, the a<br>authorize<br>orida Sta | abovi<br>ed by<br>stutes | e-named or<br>the corpo | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |  |  |
|   | Signature typical o                                    | r printed name of registered a   |  | (NO   |                                      |                          | nt signature re         | required when reinstaling) DATE  |  |  |
| 12.                                       | DOT  | OFFICERS A   | ND DIRECTORS   | DELETE                                      | 13                                   | TITLE                    |                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |  |  |
| TITLE                                     | PST<br>Krilov, A                                       | 11 (8 A. A.  | ı  |   |                                      | NAME                     |                         | Unlarge D Addition   |  |  |
| STREET ADDRESS                            |  | WATER DR.  |  |   |                                      |                          | ADDRESS                 | e e  |  |  |
|   | MIAMI BC   |  |  |   |                                      |                          | - 1                     | ·  |  |  |
| CITY-ST-7:P                               | D MINNI DO   | 11: T L  |  | DELETE                                      |                                      | CITY S<br>TITLE          | 1-217                   | Change Addition  |  |  |
| NAME                                      | KRILOV, A  | A MEL  | •  |   | 1                                    | NAME                     | Í                       |  |  |  |
| STREET ADDRESS                            |  | WATER DR.  |  |   |                                      |                          | ADDRESS                 | ,  |  |  |
| City - St- ZIP                            | MIAMI BC   |  |  |   |                                      |                          | ST-ZIP                  |  |  |  |
| TITLE                                     | VD   |  |  | DELETE                                      |                                      | TITLE                    |                         | Change Addition  |  |  |
| NAME                                      | FARSON.  | MARK T   |  |   | 3.21                                 | NAME                     |                         | 27   |  |  |
| STREET ADDRESS                            |  | WATER DR   |  |   | 3.3                                  | STREET                   | ADDRESS                 |  |  |  |
| C-17-\$1-ZIP                              | MIAMI BC   | H FL   |  |   | 3,4.                                 | CITY-                    | ST-ZIP                  |  |  |  |
| TITLE                                     | ST   |  |  | DELETE                                      | 4.1 1                                | TITLE                    |                         | Change Addition  |  |  |
| MAME                                      | KRILOV, C  |  |  |   | 4.2                                  | NAME                     |                         | `  |  |  |
| STREET ADDRESS                            |  | WATER DRIVE  |  |   | 4.33                                 | STREET                   | ADORESS                 |  |  |  |
| CITY - 51 - ZIP                           | MIAMI BE   | ACH FL   |  |   |                                      | CITY-S                   | T-ZIP                   |  |  |  |
| THEF                                      |  |  |  | DELETE                                      |                                      | TITLE                    |                         | Change Addition  |  |  |
| NAME                                      | 1  |  |  |   |                                      | NAME                     |                         |  |  |  |
| STREET ADDRESS                            | 1  |  |  |   |                                      |                          | ADDRESS                 |  |  |  |
| CITY - \$1 - ZIF                          | ·  |  |  | DELETE                                      |                                      | CITY                     | ST - Z(P                | Change Addition  |  |  |
| TITLE                                     | 1  |  |  | DELETE                                      |                                      | TITLE                    | -                       | Change Addition  |  |  |
| NAME                                      |  |  |  | 1   |                                      | NAME                     |                         |  |  |  |
| STHEFT ACORESS                            |  |  |  | /   | 1                                    |                          | ADDRESS                 |  |  |  |
| City St-ZiP                               | 1  |  |  | ,   | 6.4                                  | CHTY-S                   | ST-ZIP                  | 1  |  |  |

14. I do hereby certify that the information supplied with this filing noes 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 amount 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 of 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 for dian attentions with in address.

**SIGNATURE:** 

SIGNATURE AND TYPED

**FILED** 

Apr 28 1997 8:00am

Secretary of State