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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P960000 39072

1. Corporation Name

ASYA KANDINOV, Inc.  
100 KINGPOINT DRIVE #1518  
MIAMI, FL. 33160

Principal Place of Business

Mailing Address

100 KINGPOINT DRIVE #1518  
MIAMI, FL. 33160

100 KINGPOINT DRIVE  
#1518  
MIAMI, FL. 33160

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

5/6/96

4. FEI Number

Applied For

65-0665134

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 607.0602 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

11 TITLE P/S/T Change Addition

NAME ASYA KANDINOV  
STREET ADDRESS 100 KINGPOINT DRIVE No. 1518  
CITY-ST-ZIP MIAMI, FL. 33160

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE DELETE

21 TITLE Change Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DELETE

31 TITLE Change Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

400002193554  
-05/28/97--01077--040  
\*\*\*165.00

14. I do 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 included 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; 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 I am a director or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASYA KANDINOV

President

4/29/97

Date

305-665-2859

Daytime Phone #

CR2E034 (9/96)