

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90131 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017091

1. Corporation Name
MOSKVICH-SERVICE, INC.



Principal Place of Business
 17001 COLLINS AVE
 STE 278
 NORTH MIAMI BEACH FL 33160

Mailing Address
 17001 COLLINS AVE
 STE 278
 NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

2. Principal Place of Business
 21 **132 NE 1ST AVE.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **132 NE 1ST AVE**
 Suite, Apt. #, etc.

4. FEI Number
65-0817112

Applied For
 Not Applicable

22 **HALLANDALE FLA**
 City & State

27 **HALLANDALE FLA**
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **33009**
 Zip

28 **33009**
 Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Country **USA**

29 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS
 TITLE **PSTD** DELETE
 NAME **SEMENTSOV, ANDREY V**
 STREET ADDRESS **17001 COLLINS AVE, STE 278**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **132 NE 1ST AVE.**
 1.4 CITY-ST-ZIP **HALLANDALE FLA 33009**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **TREASURER**
 2.3 STREET ADDRESS **LAWRENCE MOSS**
 2.4 CITY-ST-ZIP **132 N.E. 1ST AVE. HALLANDALE, FLA 33009**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LAWRENCE MOSS**

4/15/99
 Date

(954)457-3545
 Daytime Phone #

CR2E034 (11/98)