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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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**

Date **4/15/99**

Daytime Phone # **(954)457-3545**

CR2E034 (11/98)