PRO CORPC ANNUAL	OFIT DRATION REPORT		FLORIDA DEPA Sandra Secret DIVISION OF	RTMEN F STATE B Mort ary of S				
OCUMI	ENT#	F19604	4 (0)	-				
. Corporation Na TIGAR		CORPORATION						
7740 SOUTH	LAV SOKOLOVIC SIDE BLVD. #202		Mailing Address  C/O BRANISLAV SO 7740 SOUTHSIDE E JACKSONVILLE FL	SLVD. #20				
JACKSONVILI	LE PL 32230				3. Date Incorporated or Qualified 02/12/1981	<b>3a.</b> Da	te of Last Rep 04/14/19	995
Principal Place	of Business		2a. Mailing Address	··- · · · · · · · · · · · · · · · ·	4. FEI Number 59-2140161			pplied For ot Applicable
Suite, Apt. #, (	etc.		Suite, Apt #, etc.		5. Certificate of Status Desired			Additional equired
City & State			City & State		Election Campaign Financing     Trust Fund Contribution			May Be
Zip		ountry:	Ζφ	Country	8. This corporation has liability for	intangible		
]	25	ddress of Current I	29 Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	SK ST., STE. 31 ONVILLE FL 32			83			. <b>85</b> Zio	) Code
JACKS	the provisions of	204 Sections 607,0502 a	und 607, 1508, Florida Statu Suich change was author n 607,0505, Florida Statute	84 City  Ites, the above named corporation's bo	orction submits this statement for the pu and of directors. Thereby accept the app	F irpose of coontinent	L banging its re	egistered office
JACKS  11. Pursuant to or registered familiar with	the provisions of d agent, or both, it, and accept the c	204 Sections 607,0502 a	n 607.0505, Florida Statute	84 City ites, the above named corporation's bo	not who resided	irpose of coorntment	changing its re as registered	agistered offic agent I am
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STREET ADDRESS

CITY \$1-2P

BELGRADE, YUGOSLAVIA

63.51451 ADDRESS

64.6177 \$7-2P

14. If do hereby certify that the information supplied with bits filling is voluntarly turnshed 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 amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this amount report 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 attailment with an aridress.

6.2 NAME

63 STREET ADDRESS

SIGNATURE: BRANISLAY SOLUTION B. Solutionic pres. 4/18/96 904-646-4345

BRANISLAV, KRTINIC GENEX, ZDANOVA

NAME

STREET ADDRESS