


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

FILED

Apr 11 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 # F19604 (0)			
1. Corporation Name: TIGAR AMERICAS CORPORATION			
Principal Place of Business C/O BRANISLAV SOKOLOVIC 7740 SOUTHSIDE BLVD. #202 JACKSONVILLE FL 32256		Mailing Address C/O BRANISLAV SOKOLOVIC 7740 SOUTHSIDE BLVD. #202 JACKSONVILLE FL 32256-7030	
2. Principal Place of Business 21 8076 Corky Ln. Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL. Zip 24 32244		2a. Mailing Address 26 8076 Corky Ln. Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL. Zip 29 32244	
3. Date Incorporated or Qualified 02/12/1981		3a. Date of Last Report 04/23/1996	
4. FEI Number 59-2140161		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent FAIRCHILD, RONALD D 701 FISK ST., STE. 310 JACKSONVILLE FL 32204		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	COB	<input type="checkbox"/> DELETE	
NAME	PEROVIC, MILOS		
STREET ADDRESS	GENEX, ZDANOVA		
CITY - ST - ZIP	BELGRADE, YUGOSLAVS		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LABUDOVIC, MILAN		
STREET ADDRESS	GENEX, ZDANOVA		
CITY - ST - ZIP	BELGRADE, YUGOSL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MITIC, LJUBISA		
STREET ADDRESS	TIGAR, M. PUJADE 213		
CITY - ST - ZIP	PIROT, YUGOSLAVIA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	VELJIC, SINISA		
STREET ADDRESS	TIGAR, M. PUJADE 213		
CITY - ST - ZIP	PIROT, YUGOSLAVIA		
TITLE	DPT	<input type="checkbox"/> DELETE	
NAME	SOKOLOVIC, BRANISLAV		
STREET ADDRESS	7740 SOUTHSIDE BLVD., #202		
CITY - ST - ZIP	JACKSONVILLE FL 32256		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	BRANISLAV, KRTINIC		
STREET ADDRESS	GENEX, ZDANOVA		
CITY - ST - ZIP	BELGRADE, YUGOSLAVIA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
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 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.			
SIGNATURE: <u>B. Sokolovic</u> 04/04/97 904-269-0584			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)