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Apr 27, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F19604

1. Corporation Name

Principal Place of Business

TIGAR AMERICAS CORPORATION

8076 CORKY LN JACKSONVILLE FL 32244 US		BO76 CORKY LN JACKSONVILLE FL 32244 US			DO NOT WRITE IN THIS SPACE				
		00			3. Date Inc 02/12/	orporated or Qualifed			
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI Num	ber			Applied For
21		26			59-214	0161			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contiford	a of Status Desired			5 Acditional
22		27		5. Ceraicai	e of Status Desired		Fee	Required	
City & S at	9	City & State			6. Election	Campaign Financing		\$5.0	00 May Be
23		28		Trust Fu	nd Contribution		Add	ed to Fees	
Žip	Country	Zip	Country		8. This corp	oration owes the cur	rent year Int	angible	
24	25 29		30			Property Tax.		☐ Yes	[]No
	9. Name and Address of Current	Registered Agent			10. Name	nd Address of New	Registered	Agent	
			8	1 Name					
FAIRCHILD, RONALD D			8	2 Street	Addrson (D.O. Boy N	Number is Not Accept	able)		
701	FISK ST., STE. 310		ľ	Z Sileet.	Att 11655 (F.O. BOX I	Milliper is 140t Accept	abic)		
JACH	(SONVILLE FL 32204		8	3					
			L						
			8	4 City			Fi	85 Z	Zip Ccde
44 5	to the provisions of Sections 607.0502	and 607 1509 Elecido Status	oo tho abo	vo-named	co poration submit :	this statement for the	nuronse of	changing	its registered
office or re	egistered agent, or both, in the State o	: Florida. Such change was ε	uthorized D	y the corpo	oration's board of d	ectors. I hereby acce	pt the app of	intment as	s registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statute	s.					
SIGNATURE				. , .			DATE		
	Signature, typed or printed nar ie of registered agent OFFICERS AND		13.	ent signature r	required when reinstating)	NS/CHANGES TO OF		JD DIREC	TORS IN 12
12.	COB	DIRECTORS	1,1 TITLE		Abbinci	13/G/IANGEO TO O	110211071	☐ Chan	
TITLE		[] DECENE	1						, _
NAME	PEROVIC, MILOS		1.2 NAME						
STREET ADDRESS			ı	ET ADDRESS	[
CITY-ST-ZIP	BELGRADE, YUGOSLAVIS		1.4 CITY						nge Addition
TITLE	D	☐ DELETE	2.1 TITLE					Chan	ige Addition
NAME	Bibobotio, mile in		2.2 NAME						
STREET ADDRESS	genex, zdanova		2.3 STREET ADDRESS						
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE					☐ Chan	nge 🗌 Addition
NAME	MITIC, LJUBISA		3.2 NAME	Ē					
STREET ADDRESS	TIGATE LA DILLIPE GAS		33STRE	ET ADDRESS	İ				
CITY-ST-ZIP	PIROT, YUGOSLAVIA		3.4. CITY	-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE					Chan	nge
NAME	VELJIC, SINISA		4,2 NAM	E	ļ				,
STREET ADDRESS	TIGAR, M. PIJADE 213		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PIROT, YUGOSLAVIA		4.4 CITY						
TITLE	DPT	DELETE	5.1 TITLE		1) 27			∠ Chan	nge Addition
NAME	SOKOLOVIC, BRANISLAV		5.2 NAME		SOKOLOVIC	BLAUCCIAN			
	7740 SOUTHSIDE BLVD., #202		√5 3 STRE	ET ADDRESS	39 Bay				
STREET ADDRESS	JACKSONVILLE FL 32256		5.4 CITY				144		
CITY-ST-ZIP TITLE	S		6.1 TITLE		TALUEN.	, MA 02	75	Chan	nge Addition
			6.2 NAME					_	
NAME	BRANISLAV, KRTINIC			ET ADDRESS					

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 suppliemental 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.

6.4 CITY-ST-ZIP

TO END TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELGRADE, YUGOSLAVIA