

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002918**
1. Corporation Name
ECOSINTEZ (USA) CORPORATION

Principal Place of Business Mailing Address
975 ARTHUR GODFREY RD & SAME
SUITE 211
MIAMI BEACH FL 33140

2. Principal Place of Business 2a. Mailing Address
21 **975 ARTHUR GODFREY RD** 26
Suite, Apt. #, etc.
22 **211** 27
City & State
23 **MIAMI BEACH FL** 28
City & State
24 **33140** 29 **USA** 30
Zip Country Zip Country

3a. Date of Last Report
5/1/95
4. FEI Number
52-1816609
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81 Name **BORIS DOROFEEV**
82 Street Address (P.O. Box Number is Not Acceptable)
975 ARTHUR GODFREY RD
83 **SUITE 211 MIAMI BEACH**
84 City **MIAMI BEACH** FL 85 Zip Code **33140**

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 607.050, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent or trustee (if applicable) (2001) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BORIS DOROFEEV (P) <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORIS DOROFEEV	1.2 NAME	
STREET ADDRESS	975 ARTHUR GODFREY RD #211	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ALLA PIZOSIVETOVA	2.2 NAME	
STREET ADDRESS	975 ARTHUR GODFREY RD #211	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	900001805629
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/02/96--01091--008
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5/2
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: **BORIS DOROFEEV** **4/11/96** **(305) 595-5713**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)