

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000001201 (3)**

1. Corporation Name

**FORMER SOVIET UNION FLORIDA CHAMBER OF COMMERCE,  
INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/09/1993</b>                                                                                                         | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>65-0408742</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>                                                                                  | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                         |                     |                                                               |                         |
|---------------------------------------------------------|---------------------|---------------------------------------------------------------|-------------------------|
| Principal Place of Business                             |                     | Mailing Address                                               |                         |
| 1717 NORTH BAYSHORE DR.<br>SUITE 2000<br>MIAMI FL 33132 |                     | 1717 NORTH BAYSHORE DR.<br>SUITE 2000<br>MIAMI FL 33132<br>US |                         |
| 2. Principal Place of Business                          | 2a. Mailing Address | 21. Suite, Apt. #, etc.                                       | 26. Suite, Apt. #, etc. |
| 22. City & State                                        | 27. City & State    | 23. Zip                                                       | 28. Zip                 |
| 24. Country                                             | 25. Country         | 29. Country                                                   | 30. Country             |

9. Name and Address of Current Registered Agent

**USHERENKO, VICTORIA  
1700 N BAYSHORE  
STE 2000  
MIAMI FL 33132**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                                | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERNSTEIN, RICHARD               | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2801 S. BAYSHORE DR.             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | COCONUT GROVE FL 33133           | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCIARROTTA, JOE                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 80 S.W. 8TH ST., SUITE 1970      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33131                   | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHEVLIN, SANDFORD                | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2380 N.W. 39 AVE.                | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | COCONUT CREEK FL 33066           | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIBSON, ROBERT                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 100 W. MCNAB RD.                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | POMPANO BEACH FL 33069           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANFORD, CHEVLIN                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 409 NW 10 TERR                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | HALLANDALE FL                    | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KAPLAN, MORTY                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1717 N. BAYSHORE DR., SUITE 2000 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33132                   | 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305-539-8900