

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 05 1998 8:00am
Secretary of State

0005656

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000000727 (7)

1. Corporation Name

RUSSIAN OUTREACH, INC.



Principal Place of Business 633 N.E. 167TH STREET SUITE 625 NORTH MIAMI BEACH FL 33162	Mailing Address 633 N.E. 167TH STREET SUITE 625 NORTH MIAMI BEACH FL 33162
---	---

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

65-0467299

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYN, FELICIA
633 N.E. 167TH STREET
SUITE 625
NORTH MIAMI BEACH FL 33162

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PF	<input type="checkbox"/> DELETE
NAME	BRYN, FELICIA	
STREET ADDRESS	633 N.E. 167TH STREET, SUITE 625	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOBRYVKA, BORIS	
STREET ADDRESS	633 N.E. 167TH STREET, SUITE 625	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

TITLE	SO	<input type="checkbox"/> DELETE
NAME	BLEIER, HANK	
STREET ADDRESS	633 N.E. 167TH STREET, SUITE 625	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

TITLE	BAYN, FELICIA	<input type="checkbox"/> DELETE
NAME	230 - 174 th STREET	
STREET ADDRESS	MIAMI BEACH, FL 33160	
CITY-ST-ZIP		

TITLE	DOBRYVKA, BORIS	<input type="checkbox"/> DELETE
NAME	1300 N.E. 167 th ST	
STREET ADDRESS	NORTH MIAMI BCH, FL 33162	
CITY-ST-ZIP		

TITLE	BLEIER, HANK	<input type="checkbox"/> DELETE
NAME	1230 KANE CONCOURSE.	
STREET ADDRESS	BAY HARBOR ISLAND, FL 33154	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

7/7/98

Date

(305)999-0078

Daytime Phone #

CR2E037 (5/98)