

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N94000001836 (5)

1. Corporation Name

RUSSIAN TRADE COUNCIL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

6242 6TH AVE S
 ST PETERSBURG FL 33707

6242 6TH AVE S
 ST PETERSBURG FL 33707

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **09/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

4. FEI Number **APPLIED FOR 59-32278 53** Applied For Not Applicable

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

MEDVEDEV, ALEX
 4902 N MACDILL 1401
 TAMPA FL 33614

81 Name **ALEXANDER LOCHOW**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **6242 6TH AVE SOUTH**

84 City **ST. PETERSBURG FL** 85 Zip Code **33707**

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

Alexander Lochow **ALEXANDER LOCHOW**

07/25/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHOW, ALEXANDER	1.2 NAME	
STREET ADDRESS	6242 6TH AVE. SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANILOU, ALEX	2.2 NAME	
STREET ADDRESS	12465 2ND STREET EAST #B105	2.3 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLYARUSH, NATASHA	3.2 NAME	
STREET ADDRESS	4559 33 AVE. NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alexander Lochow **ALEXANDER LOCHOW**

07/25/96 (615) 841-0313

Date

Daytime Phone #

CP2E037 (3/96)