


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001615 (0)**

1. Corporation Name

UKRAINET CORPORATION, INC.

Principal Place of Business

**13649 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161-0968**

Mailing Address

**13649 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161-0968**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0704996

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

**ARSLANIAN, LOUIS C ESQ
2205 HOLLYWOOD BOULEVARD
SUITE 23
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

WALTER KOND

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

13649 W. DIXIE HWY

83

84 City

NO MIAMI

FL

85 Zip Code

33161-0968

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

Walter Kond

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **VASILIEVA, MARIA - VASILIEVA, MARIA**
STREET ADDRESS **13649 WEST DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **VD** ☒ DELETE
NAME **HRNYNUK, MYKOLA**
STREET ADDRESS **2929 POINT EAST DRIVE #A201**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **SD** ☐ DELETE
NAME **KOND, WALTER**
STREET ADDRESS **3250 LINCOLN STREET 2859 LEONARD DA SILVA**
CITY-ST-ZIP **HOLLYWOOD FL 33129 AVENTURA FL 33162**

TITLE **VD** ☐ DELETE
NAME **SAMBOYCHUK, ANGELINA**
STREET ADDRESS **13649 W. DIXIE HWY**
CITY-ST-ZIP **NO MIAMI, FL. 33261**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 do 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 in an attachment with an address.

SIGNATURE *Walter Kond* **WALTER KOND** **7/14/97**

CP2E037 (4/97)