2002 UNIFORM BUSINESS REPORT (UBR)

Secrétary of State DOCUMENT # P01000023009 07-15-2002 90198 001 ***150.00 07-15-2002 90198 002 *****8.75 1. Entity Name **GVD USA CORPORATION** Principal Place of Business 39819 Mailing Address 1428 SE 4TH AVE., #B-112 1428 SE 4TH AVE.. #8-112 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -1086282 Not Applicable -- Country---...Zip = \$8.75 - Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERMANOV, RAFAIL Street Address (P.O. Box Number is Not Acceptable) 1428 SE 4TH AVE., #B-112 **DEERFIELD BEACH FL 33441** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ERMANOV, RAFAIL NAME STREET ADDRESS 1428 SE 4TH AVE., #B-112 STREET ADDRESS CTTY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-7IP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE De ete Change ___ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by frequency changed, or on an attachment with an address, with all other like empowered. A Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE REQUIR SIGNATURE:

FILED Jul 28, 2002 8:00 am Affachment 39819 # Poloooo 23009

Sincerely -- Refail R. Etronanov, ASM (AV)

I received 1-st time this UBR in the June, 2002.

In the End of the June, 2002.
Please, wave make payment.

10, Annual Keports Section