CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address of Corporation: DOCUMENT #P93000022194(3)

RED LETTER HOLDINGS OF FLORIDA INC.
520 BRICKELL KEY DRIVE
SUITE #305
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report:
4. FEI Number: 65-0400915 (Applied For / Not Applicable)

Mailing Address	2a. Principle Place of Business
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27
City & State	City & State
	28
Zip / Country	Zip / Country
25	29 / 30

5. Certificate of Status Desired ☐ — $8.75 Add'l Cert. Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
K. FREEMAN, NEWMAN & BUTTERMAN
520 BRICKELL KEY DRIVE
SUITE #305
MIAMI, FL 33131

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04 City	FL
05 Zip Code	
06 Country	

Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
TITLE	D/	1.1 TITLE	
NAME	MALTSEVA, INNA	1.2 NAME	
ADDRESS	520 BRICKELL KEY DR. #305	1.3 ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
ADDRESS		2.3 ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
ADDRESS		3.3 ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
ADDRESS		4.3 ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
ADDRESS		5.3 ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	BP751
ADDRESS		6.3 ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300001478248
-05/08/95--01022--004
****100.00 ****100.00

I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE I. Maltseva (Inna Maltseva) (Pres.) DATE 04/26/95 (305) 374-3800

(Type Name of Signing Officer or Director) | Title(s) | Daytime Telephone Number

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