## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000024587 (6)

B. ZASLAV ENTERPRISES, INC.

**FILED** Feb 02 1998 8:00am Secretary of State

Principal Plac	e of Busines	s	, , , , , , , , , , , , , , , , , , ,	Mailing Address				
2030 SOUTH OCEAN DRIVE 2030 SOUTH OCEAN DRIV APT. 1801 APT. 1801 APT. 1801 HALLANDALE FL 33009						DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 03/31/1993
2. Principal P	lace of Busin	ness	26	, Mailing Address				4. FEI Number Applied For
21			26					65-0405286 Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				SR 75 Additional
22			27					Certificate of Status Desired     Fee Required
City & Stat	е			City & State				6. Election Campaign Financing \$5.00 May Be
23	·····	6	28	Zip				Trust Fund Contribution Added to Fees
Zip 24		Country 25	29	<b>Ζ</b> Ι <b>ρ</b>	Country 30		У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<del>24</del>	a. Name	and Address of		stered Agent	30]	T-		10. Name and Address of New Registered Agent
74	SLAV, BLA	·	·			81	Name	— <u> </u>
20	30 SOUTH	OCEAN DRIVE				82	Street	et Address (P.O. Box Number is Not Acceptable)
	T 1801 NLLANDALE	EI 99000				83		
ייניו	NULHINALE	FL 33009				<u></u>		
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.								
agent. I a SIGNATURE	m mamiliar wi	un, <b>and a</b> ccept in	e obligations o	JI, Section 607.0505, F	lorida Sta	uote	·S.	
40	Signature, typed	or printed name of regi				d Ag	ent signature	ture required when reinstaling) DATE
12,	DP	OFFICE	RS AND DIRE	DELETE	13. 1.1 T	ITIE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME		, Blair				IAME		Change (1 Required
STREET ADDRESS		OUTH OCEAN I	DRIVE #1801	ı			T ADDRESS	38 1
CITY-ST-ZIP		IDALE FL	J	•			ST-ZIP	
TITLE	<del>·</del>			DELETE	2.1 T			☐ Change ☐ Addition
NAME					22 N	IAME		
STREET ADDRESS					23 S	TREE	T ADDRESS	25
CITY-ST-ZIP					2.40	спу-	ST-ZIP	
TITLE				[] DELETE	3.1 ₹	ITLE		L.J. Change L.J. Addition
NAME					3.2 N			
STREET ADDRESS							T ADDRESS	SS
CITY-ST-ZIP				DELETE	3 4. ( 4.1 T		ST-ZIP	Change Addition
TITLE NAME				TT DETEK	•	TILE NAME		Change Mountain
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP							ST-ZIP	~ }
TITLE	<del></del>			DELETE	5.1 T		, sii	☐ Change ☐ Addition
NAME					5.2 N	AME		
STREET ADDRESS					5.3 S	1REFT	ADDRESS	SS
CITY-ST-ZIP					540	ITY-S	ST - 71P	
TITLE				☐ DELETE	6.1 T	ITLE		Change Addition
NAME					6.2 N	AME		
STREET ADDRESS					6.3 S	TREET	I ADDRESS	56
CITY-ST-ZIP							ST - ZIP	
14. I hereby o	ertify that the	e information sup	plied with this	filing does not qualify	for the ex-	omp	otion state	ated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attachment with an address. President