

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000005713 (0)**

1. Corporation Name

ABACUS MIAMI, INC.



Principal Place of Business

**714 WEST DILDO DRIVE
SUITE 2706
MIAMI BEACH FL 33139
US**

Mailing Address

**1001 S BAYSHORE DR
SUITE 2706
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**FRIED, MARK E
2706 BRICKELL BAY OFFICE TOWER
1001 S BAYSHORE DR
MIAMI FL 33131**

3. Date Incorporated or Qualified
01/25/1994

3a. Date of Last Report
06/21/1995

4. FEI Number
65-0463649

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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

Signature of the person authorized to file this report as required by law.

Signature of the Registered Agent as required by law.

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, STATE, ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY, STATE, ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY, STATE, ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY, STATE, ZIP

12.13

NAME

12.14

STREET ADDRESS

**DVST
MARKELOV, ALEXANDRE S
MOSGORBYTMABEL 10
VISHNEVSKOGO, MOSCOW, RUSSIA
DPST
EFIMENKO, VALERI V
MOSGORBYTMABEL 10
VISHNEVSKOGO, MOSCOW, RUSSIA**

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13.

13.1

NAME

13.2

STREET ADDRESS

13.3

CITY, STATE, ZIP

13.4

NAME

13.5

STREET ADDRESS

13.6

CITY, STATE, ZIP

13.7

NAME

13.8

STREET ADDRESS

13.9

CITY, STATE, ZIP

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, STATE, ZIP

13.13

NAME

13.14

STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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. If I am an officer or director of the corporation or the registered 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 if changed, then on a date listed with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDRE S. MARKELOV 2/6/96 (305) 371-2079

CR2E034 (12/95)