
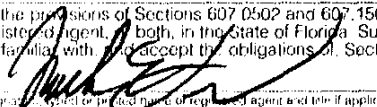



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000005713 (0)			
1. Corporation Name ABACUS MIAMI, INC.			
Principal Place of Business 714 WEST DILIDO DRIVE SUITE 2706 MIAMI BEACH FL 33139 US		Mailing Address 1001 S BAYSHORE DR SUITE 2706 MIAMI FL 33131-4940	
2. Principal Place of Business 21 714 West Dilido Dr Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FL Zip 24 33139 Country 25 USA		2a. Mailing Address 26 1110 Brickell Avenue Suite, Apt. #, etc. 27 Suite 700 City & State 28 Miami, Florida Zip 29 33131 Country 30 U.S.A.	
3. Date Incorporated or Qualified 01/25/1994		3a. Date of Last Report 02/12/1996	
4. FEI Number 65-0463649		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FRIED, MARK E 2706 BRICKELL BAY OFFICE TOWER 1001 S BAYSHORE DR MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name MARK E. FRIED, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue 83 Suite 700 84 City Miami 85 Zip Code FL 33131	
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, 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 4/2/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKELOV, ALEXANDRE S	1.2 NAME	
STREET ADDRESS	MOSGORBYTMEBEL 10	1.3 STREET ADDRESS	
CITY-ST-ZIP	VISHNEVSKOGO, MOSCOW, RUSSIA	1.4 CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFIMENKO, VALERI V	2.2 NAME	
STREET ADDRESS	MOSGORBYTMEBEL 10	2.3 STREET ADDRESS	
CITY-ST-ZIP	VISHNEVSKOGO, MOSCOW, RUSSIA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		4-24-97 7095 191 3313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)