

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

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**96 APR 30 AM 10:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000008798 (8)**

1. Corporation Name

**VUKO LTD INC.**



Principal Place of Business

Mailing Address

**4101 PINE TREE DRIVE  
SUITE 809  
MIAMI BEACH FL 33140-3611**

**4101 PINE TREE DRIVE  
SUITE 809  
MIAMI BEACH FL 33140-3611**

3. Date Incorporated or Qualified  
**02/03/1994**

3a. Date of Last Report  
**04/26/1995**

4. FEI Number

**65-0471242**

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

2. Principal Place of Business

2a. Mailing Address

21 **2301 Collins Avenue**

26 **2301 Collins Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Mezz. 105-B**

27 **Mezz. 105-B**

City & State

City & State

23 **Miami Beach, Florida**

28 **Miami Beach, Florida**

Zip

Zip

Country

Country

24 **33139**

29 **33139**

**USA**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAZQUEZ, JOSE R  
5200 S.W. 8TH ST.  
MIAMI FL 33134**

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 607.1508, 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D VOKOVIC, MIROSLAV**  
STREET ADDRESS **HERMAN V. HEIMHOLTZ STR. 99**  
CITY-ST-ZIP **LEVERKUSEN GE**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD VUKOVIC, PETAR**  
STREET ADDRESS **HERMAN V HELMHOLTS 99**  
CITY-ST-ZIP **LEVERKUSEN GREMANY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D BADJURA SLAVENKO**  
STREET ADDRESS **ABILAI HANA 112/KV. 31**  
CITY-ST-ZIP **AIMATI KA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PSD P/S/D KVAJIC, GEORGE**  
STREET ADDRESS **4101 PINE TREE DRIVE, # 809**  
CITY-ST-ZIP **MIAMI BEACH FL.33140**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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; 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:

**GEORGE KVAJIC (GEORGE KVAJIC)**  
PRESIDENT

**APR. 25-96**

**305-534-0452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)