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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90045 025 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000012166

1. Corporation Name  
 CARAT 7, INC.



Principal Place of Business  
 10223 S.E. LENNARD ROAD  
 PORT ST LUCIE FL 34952  
 US

Mailing Address  
 10223 S.E. LENNARD ROAD  
 PORT ST LUCIE FL 34952  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1459 SW MERCHANT LANE

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
 PORT ST. LUCIE, FL

28 City & State

24 Zip 34953 25 Country USA

29 Zip 30 Country

3. Date Incorporated or Qualified  
 02/10/1994

4. FEI Number  
 65-0473891

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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

GROUZDEV, SERGUEI  
 10223 S.E. LENNARD ROAD  
 PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name NEMETS, OLGA  
 82 Street Address (P.O. Box Number is Not Acceptable) 1459 SW MERCHANT LANE  
 83  
 84 City PORT ST. LUCIE FL 85 Zip Code 34953

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.

SIGNATURE *[Signature]* / OLGA NEMETS / 3/11/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROUZDEV, SERGUEI	
STREET ADDRESS	10223 S.E. LENNARD ROAD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEMETS, OLGA	
1.3 STREET ADDRESS	1459 SW MERCHANT LANE	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GROUZDEV, VICTORIA	
2.3 STREET ADDRESS	1459 SW MERCHANT LANE	
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* / OLGA NEMETS / 3/11/99 (561) 878-3709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/98)