

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 10 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 # P94000033147 (7)
 1. Corporation Name
 RUSKO USA, INC.



Principal Place of Business Mailing Address
 1717 N. BAYSHORE DR. SUITE 2200 MIAMI FL 33132
 1717 N. BAYSHORE DR. SUITE 2200 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4000 Tower Side Terrace	26	4000 Tower Side Terrace	05/02/1994	04/05/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1407		27 Suite 1407		65-0489512	
City & State		City & State		Applied For	
23 Miami, FL		28 Miami, FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33138		25 USA		29 33138 30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
 GOLDMAN, DAVID E
 20700 WEST DIXIE HIGHWAY, SUITE 100
 NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P EKOVYN, ARAM	1.2 NAME	EKOVYN ARAM
STREET ADDRESS	ABELMANOVSKAY 2A	1.3 STREET ADDRESS	ABELMANOVSKAY 2A
CITY-ST-ZIP	MOSCOW, RUSSIA	1.4 CITY-ST-ZIP	MOSCOW RUSSIA
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KHAIBOULLIN, RINAT S	2.2 NAME	KHAIBOULLINE RINAT
STREET ADDRESS	1717 N. BAYSHORE DR., SUITE 2200	2.3 STREET ADDRESS	4000 TOWERSIDE TER STE 1407
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KHAIBOULLIN, ILDAR	3.2 NAME	KHAIBOULLINE ILDAR
STREET ADDRESS	PUGACHEVSKAY 1-2-20	3.3 STREET ADDRESS	2 PEREULOK P. ALEKSEEVA DOM 2A
CITY-ST-ZIP	MOSCOW, RUSSIA	3.4 CITY-ST-ZIP	MOSCOW RUSSIA 121471
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 _____ 8-22-97 (305) 892-0200

CR2E034 (4/97)