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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400039131 (5)

·	on Name IDUSTRIES, INC.	Mailing Address			
13480 SW 248TH ST. P.O. BOX 924116 MIAMI FL 33032 PRINCETON FL 33092					
MIAMI TL 33	W2	PHINOEION PL 33082		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 05/20/1994	
2. Principal I	Place of Business	2a. Mailing Address	 	4. FEI Number	Applied For
1		26		65-0581123	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
4	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cui	rrent Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
	VADBIK, ANTON		81 Name		
13480 SW 248TH ST. MIAMI FL 33032			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
P/III	IMMI FL 33032		83		
			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida State	utes, the above-named c	ornoration submits this statement for the purpos	e of changing its registered
office or agent. La	registered agent or both, in the Si am familiar with, and accept the ol	tale of Florida. Such change was bligations of, Section 697.0505, F	authorized by the corpo Florida Statutes.	oration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	/ // 7/	World		3-	- 19-98
	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·	OTE: Registered Agent signature re		IE .
TITLE	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	SVADBIK, ANTON	בן טוננונ	1.2 NAME		C change C Addition
STREET ADDRESS	40400 CHI DAOTH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33032		1.4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZiP		Change Addition
TITLE Name		ריו מנוגונ	4.1 TITLE		Change K0011101
street address			4. 2 NAME 4.3 STREET ADDRESS		
City-ST-ZIP			4.3 STREET ADDRESS		
TITLE	 	DELETE	5.1 TITLE		Change Addition
NAME		_ : : : : :	5.2 NAME		· · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

14. Thereby 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 of 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 or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Lutin Module

Ormitor

3-19-98

FILED

Mar 27 1998 8:00am

Secretary of State

CR2E034 (10/97)