CORPORATION ANNUAL REPORT

1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 16 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000049786

1. Corporation Name: MOREWORTH, INC.

Mailing Address / Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: June 29, 1994
3a. Date of Last Report: N/A

2. Mailing Address: 21 c/o Mendoza, Callas & Schilling
22 Suite, Apt. #, etc.: 251 Royal Palm Way, #602
23 City & State: Palm Beach
24 Zip: 33480
25 Country: USA

2a. Principal Place of Business: 26 251 Royal Palm Way
27 Suite, Apt. #, etc.: Suite 602
28 City & State: Palm Beach
29 Zip: 33480
30 Country: USA

4. FEI Number: 65-0535466 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

H. Max Fricker
200 U.S. Highway One, Suite 200
Juno Beach, FL 33408

10. Name and Address of New Registered Agent

81 Name: Mario G. de Mendoza, III, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Mendoza, Callas & Schilling
83 251 Royal Palm Way, Suite 602
84 City: Palm Beach FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: H. Max Fricker DATE: 1/30/95
(Registered Agent Accepting Appointment - NOTE: Must Be Dated and Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	Voloshin, Valeriy	12 NAME	800001408518
13 STREET ADDRESS	251 Royal Palm Way, #602	13 STREET ADDRESS	-02/16/95--01116--012
14 CITY-ST-ZIP	Palm Beach, FL 33480	14 CITY-ST-ZIP	****200.00 ****200.00
21 TITLE	V	21 TITLE	
22 NAME	Mendoza, Mario G. de III	22 NAME	
23 STREET ADDRESS	251 Royal Palm Way, #602	23 STREET ADDRESS	
24 CITY-ST-ZIP	Palm Beach, FL 33480	24 CITY-ST-ZIP	
31 TITLE	V	31 TITLE	
32 NAME	Zielinski, Merrilee	32 NAME	
33 STREET ADDRESS	251 Royal Palm Way, #602	33 STREET ADDRESS	
34 CITY-ST-ZIP	Palm Beach, FL 33480	34 CITY-ST-ZIP	
41 TITLE	S/T	41 TITLE	
42 NAME	Potanina, Svetlana	42 NAME	
43 STREET ADDRESS	251 Royal Palm Way, #602	43 STREET ADDRESS	
44 CITY-ST-ZIP	Palm Beach, FL 33480	44 CITY-ST-ZIP	
51 TITLE	AS	51 TITLE	
52 NAME	Wilkinson, Debra	52 NAME	
53 STREET ADDRESS	251 Royal Palm Way, #602	53 STREET ADDRESS	
54 CITY-ST-ZIP	Palm Beach, FL 33480	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	P/D
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	2-16
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (x) Merrilee Zielinski DATE: (x) 2/7/95 (407) 478-5204
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Merrilee Zielinski, Vice President