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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064484 (6)**

1. Corporation Name
**A&W TRADING AND CONSULTING GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4327 BEAU RIVAGE CIRCLE<br>LUTZ FL 33549 | 4327 BEAU RIVAGE CIRCLE<br>LUTZ FL 33549 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4327 Beau Rivage Cir
22 Suite, Apt. #, etc. Lutz Florida
23 City & State
24 Zip 33549 25 Country U.S.A.

2a. Mailing Address
26 4327 Beau Rivage
27 Suite, Apt. #, etc. Cir
28 City & State Lutz FL.
29 Zip 33549 30 Country U.S.A.

4. FEI Number — ☑ 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

9. Name and Address of Current Registered Agent

KUZNETSOV, OLGA
4327 BEAU RIVAGE CIRCLE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Kuznetsov Olga
82 Street Address (P.O. Box Number is Not Acceptable): 4327 Beau Rivage Cir
83
84 City: Lutz FL 85 Zip Code: 33549

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD ☐ Change ☐ Addition |
| NAME | KOURNIKOV, VASSILY V | 1.2 NAME | KOURNIKOV VASSILY V. |
| STREET ADDRESS | 4327 BEAU RIVAGE CIRCLE | 1.3 STREET ADDRESS | 4327 Beau Rivage Cir |
| CITY-ST-ZIP | LUTZ FL 33549 | 1.4 CITY-ST-ZIP | Lutz FL 33549 |
| TITLE | VD | 2.1 TITLE | VD ☐ Change ☐ Addition |
| NAME | ALEXANDROV, VLADIMIR O | 2.2 NAME | ALEXANDROV VLADIMIR O |
| STREET ADDRESS | 18812 PLACE ANTIBES | 2.3 STREET ADDRESS | 4327 Beau Rivage Cir |
| CITY-ST-ZIP | LUTZ FL 33549 | 2.4 CITY-ST-ZIP | Lutz FL 33549 |
| TITLE | VD | 3.1 TITLE | VD ☐ Change ☐ Addition |
| NAME | FETISSOVA, OKSANA S | 3.2 NAME | FETISSOVA OKSANA S |
| STREET ADDRESS | 4327 BEAU RIVAGE CIRCLE | 3.3 STREET ADDRESS | 4327 Beau Rivage Cir |
| CITY-ST-ZIP | LUTZ FL 33549 | 3.4 CITY-ST-ZIP | Lutz FL 33549 |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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 is voluntarily furnished and 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:** _____ 04. 12. 95 (813) 948-6905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0295252 CP