

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065237 (7)**

1. Corporation Name

VIGILANT INVESTMENT HOLDINGS USA, INC.



Principal Place of Business

**ONE S.E. 3RD AVE.
SUITE 1400
MIAMI FL 33131**

Mailing Address

**ONE S.E. 3RD AVE.
SUITE 1400
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

Street, Apt. #, etc.

26

Street, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COPROLITE CORPORATION
ONE S.E. 3RD AVE.
SUITE 1400-A
MIAMI FL 33131**

81 Name

82 Street Address, P.O. Box Number or Not Applicable

83

84 City

FL

85 Zip Code

3. Date of Incorporation or Qualification

09/02/1994

3a. Date of Last Report

03/28/1995

4. FIC Number

65-0518017

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election to participate in voting

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for alternative tax under s. 199.042,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), Florida Statutes, the officer or director of this corporation who signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

12.

OFFICER, DIRECTOR, OR SECRETARY

TITLE

D

☐ DELETE

NAME

BULMAN, MIKHAIL

STREET ADDRESS

**ONE S.E. 3RD AVE., #1400
MIAMI FL 33131**

CITY, STATE, ZIP

TITLE

D

☐ DELETE

NAME

BULMAN, MARINA

STREET ADDRESS

**ONE S.E. 3RD AVE., #1400
MIAMI FL 33131**

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mikhail Bulman
Mikhail Bulman

Marina Bulman
Marina Bulman

14. I, hereby certify that the information supplied above is true and correct for the purposes of the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, or the person who has been authorized to sign this report on behalf of the corporation, and I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

CR2E034 (12/95)