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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000079167 (0)**

1. Corporation Name

SKYWAY INTERNATIONAL CORPORATION

Principal Place of Business

1810 NE 144TH ST
NORTH MIAMI FL 33181

Mailing Address

1810 NE 144TH ST
NORTH MIAMI FL 33181

↓ change to:

2. Principal Place of Business
21 1810 N.E. 144 Str.
Suite, Apt. #, etc.
22
City & State
23 N. Miami, FL
Zip
24 33181
25 Dade County

2a. Mailing Address
26 114 ALBEMARLE Rd
Suite, Apt. #, etc.
27 Apt. C6 % RYBINNIK
City & State
28 BROOKLYN N.Y.
Zip
29 11218
30 KINGS Country

3. Date Incorporated or Qualified: **10/27/1994**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0529521** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [Y] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

FARMER, DAN
500 N FEDERAL HWY #D
HOLLYWOOD FL 33020

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

Signature - Type or printed name of registered agent (Attach consent) — Date

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: RYBINNIK, ALEXANDER
STREET ADDRESS: 1810 NE 144TH ST
CITY-ST-ZIP: NORTH MIAMI FL 33181
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
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[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[ ] Change [ ] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[ ] Change [ ] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[ ] Change [ ] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[ ] Change [ ] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[ ] Change [ ] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[ ] Change [ ] Addition

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 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: [signature] 04/05/96 (718)4355396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)