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Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000079695 (0)

1. Corporation Name
ARCTIC CONTACT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2780 N.E. 183 ST 1505 MIAMI FL 33160 US		Mailing Address 2780 NE 183 ST SUITE 1505 MIAMI FL 33160 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent GOROKHOVSKI, GALINA 1245 WEST AVE. SUITE 404 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name FRIDKIN, EUGENE 82 Street Address (P.O. Box Number is Not Acceptable) 801 THREE ISLANDS Blvd 83 SUITE 501 84 City HALLANDALE FL 85 Zip Code 33009	

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

Eugene Fridkin EUGENE FRIDKIN

2-16-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	
NAME	PRESNOV, ALEXEY	1.2 NAME	
STREET ADDRESS	2780 NE 183 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	ROYTMAN, GEORGE	2.2 NAME	FRIDKIN, EUGENE
STREET ADDRESS	2780 NE 183 ST.	2.3 STREET ADDRESS	801 THREE ISLANDS Blvd, SUITE 501
CITY-ST-ZIP	MIAMI FL 33160	2.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE		3.1 TITLE	VPD
NAME		3.2 NAME	CHERVONNAIA, IRINA
STREET ADDRESS		3.3 STREET ADDRESS	801 THREE ISLANDS Blvd, SUITE 501
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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:

Alexey Presnov Presnov, Alexey

Feb 16, 1998 (305) 9360949

CR2E034 (10/97)