

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000082289 (7)**

1. Corporation Name

ACTIVE LINE, CORP.

Principal Place of Business

**2315 NW 107 AVE
1B27 BOX 118
MIAMI FL 33172
US**

Mailing Address

**2315 NW 107 AVE
1B27 BOX 118
MIAMI FL 33172
US**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D LITVINOV, BORIS**
STREET ADDRESS **3440 N.E. 192ND STREET SUITE 2B**
CITY, ST, ZIP **AVENTURA FL 33180**

2. TITLE ☐ DELETE

NAME **D GLUZMAN, YURY**
STREET ADDRESS **7850 BYRON AVE. APT.506**
CITY, ST, ZIP **MIAMI BEACH FL 33141**

3. TITLE ☐ DELETE

NAME **D ABRAMOVITCH, ALEXANDRE**
STREET ADDRESS **10210 COLLINS AVE #106**
CITY, ST, ZIP **BEL HARBOR FL**

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(d), 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 additional sheet with an address.

SIGNATURE:

YURY GLUZMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (305)593-1022

CR2E034 (12/95)