FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000137 (6)

FILED
May 06 1998 8:00am
Secretary of State

HRP	AINTING, INC.				
1					
Principal Plac	e of Business	Mailing Address			YBKU OCION HEAD INH HOU IDO
300 HENDRICKS ISLE 300 HENDRICKS ISLE					
FT LAUDERDALE FL 33301 US		FT LAUDERALE FL 33301 US		DO NOT WRITE IN THI	ופ פרוא פר
UG		UŞ		3. Date Incorporated or Qualified	3 SPACE
				01/03/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0545088	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. Continuate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23] Z ip	Country	7ip	Country	Trust Fund Contribution	Added to Fees
24	25	<u>+</u>	30	This corporation owes or has paid the operation of the personal Property Tax due June 30.	current year Intangible Yes No
	9. Name and Address of Curre	L		10. Name and Address of New Registere	73
RA	CHTANOV, ILYA		B1 Name		
300 HENDRICKS ISLE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33301			Oli Cel Adell	1000 (1.0. DOX HOMBE IS NOT Acceptable)	
			83		
			84 City		■ 85 Zip Code
				F	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the sove-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 La	m familiar with and accept the oblig	ntions of Section 607.0505, Flo	rida Stilutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed or printed harne of registered ag	ACHIHAJOU	Flegisla d Agent signature requir	lent 04-20-9	0
12.		ID DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 ITLE		☐ Change ☐ Addition
NAME	RACHTANOV, ILYA		1.2 NAME		
STREET ADDRESS	300 HENDDRICKS ISLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 C(TY - ST - Z)P		Change
NAME		MEETIL	3 1 TITLE 3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME		[] vereit	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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, TOUR ROCKED AIRL TIVE REQUIREMENT OUT 0-98 1954/552619