

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015948 (9)

1. Corporation Name

ODESSA BUSINESS, INC



Principal Place of Business

2151 NE 155 STREET
N. MIAMI BEACH FL 33162

Mailing Address

2151 NE 155 STREET
N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 2812 NW 35 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 2812 NW 35 ST

Suite, Apt. #, etc.

4. FEI Number

65-0570 461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

33142

25 Country

0000

29 Zip

33142

30 Country

0000

9. Name and Address of Current Registered Agent

PALINSKY, ILYA
2151 NE 155 STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2812 NW 35 ST

84 City

MIAMI

FL

85 Zip Code

33142

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

(If WILL, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ALEXANDER, GRIZOTSKY
2151 NE 155 STREET
N. MIAMI BEACH FL 33162

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/15/96

Daytime Phone #

CR2E034 (12/95)