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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000020192 (7)

DOCUMENT # 1. Corporation Name PRIME ERA, INC.

Policial Disease	ing Disposed Designation											
			iling Address									
1817 SOUTH OCEAN DRIVE APARTMENT NO. 228			1817 SOUTH OCEAN DRIVE APARTMENT NO. 228									
	.E FL 33009		HALLANDALE FL 3300				3. Date Incorporated or Qualified 03/10/1995	3a. Date of La	ast Rep	port	-	
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number	1	XA	pplied For	1	
21			CONTROL CONTROL CONTROL AND AN ANALYSIS AND ANALYSIS ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS						N	ot Applicable	1	
Suite, Apt. #, etc.			Sute, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & State			City & State				6. Election Campaign Financing	\$	5.00	May Be	1	
23							Trust Fund Contribution			to Fees		
Zip	þinneng -		Zip	Coul			B. This corporation has liability for Intangible tax under s 199.032, Florida Statutes					
24	25   9. Name and Address of Curre	29 nt Regist	ered Agent	30	T		10. Name and Address of New Registered Agent					
	<u> </u>		, or our rigorit		81	Name	10. Hame and reduced of from th	ogiatores Agen	•		1	
YAROS	SH, VLADIMIR	-9										
1817 SOUTH OCEAN DRIVE					82	Street A	Address (P.O. Box Number is Not Acceptable)					
APARTMENT NO. 228			4							<del></del>	1	
HALLANDALE FL 33009												
						City		Zip	Code			
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sec	da. Such	change was authorize	s, the ab d by the	ove-r corp	named cor oration's t	poration submits this statement for the pur loard of directors. I hereby accept the appo	pose of changing pintment as regis	j its reg tered a	gistered office agent. I am		
SIGNATURE _	Signature, typod or printed name of registered agen	and title if a	pplicable (NOT	E: Registere	d Ager	it signature re:	quired when reinstaling)	DATE			ا.	
12.	OFFICERS AN	D DIREC	10RS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTOF	RS IN 12	Ď	
TITLE	D		DELETE	1.111			☐ Chan		ange	Addition	3	
NAME	YANBUKHTIN, ELDAR		415	1.21	IAME						2	
STREET ADDRESS	1817 SOUTH OCEAN DRIV	E APT	NO. 228	1.3 5	STREET	ADDRESS					١ř	
CITY-ST-ZIP	HALLANDALE FL 33009		FOR DELETE			1 - ZIP		· · · · · · · · · · · · · · · · · · ·			<u>ۇ</u> [	
TITLE			DEFELE					Cha	ange	☐ Addition	1	
NAME					IAMF							
STREET ADDRESS						ADDRESS						
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TITLE			L. J Decreie	1	TITLE IAME			Chi	ange	☐ Addition		
STREET ADDRESS				4		I ADDRESS						
CITY-ST-ZIP				- 1								
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NAME					IAME					<b>L</b>		
STHEET ADDRESS			•		4.3 STREET ADDRESS		00000120 -05/01/96010	13120	)			
CITY-SY-ZIP				4.4 CITY			~05/01/96~~010	J38027				
TITLE			☐ DELETE				*** <del>200.00</del>	☐ Chi	ange	Addition	1	
NAME				5.21	IAME		·					
STREET ADDRESS				- 8		ADDRESS						
CITY+ST-ZIP				5.40	CITY - S	51 - ZIP				-		
TITLE			☐ DELETE		TITLE			☐ Chi	ange	Addition 1	H	
NAME				6.28	IAME			,		التسمار	Γ	

14. I do hereby certify that the information supplied with this fing 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 counduling for 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 changes, or on an attachment with an address

8.3 STREET ADDRESS

SIGNATURE: \_\_

STREET ADDRESS

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR