

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021061 (3)

1. Corporation Name

TRANSERVICE ENTERPRISES, INC.



Principal Place of Business

1031 IVES DAIRY RD., SUITE 228
MIAMI FL 33179

Mailing Address

1031 IVES DAIRY RD., SUITE 228
MIAMI FL 33179

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VINOKUR, GENNADY
1031 IVES DAIRY RD., SUITE 228
MIAMI FL 33179

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

4. FIC Number

65-0564544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1506, 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 of individual who is registered agent, or if corporation, then the name of the officer or director who is authorized to execute this statement)

(Signature of individual who is registered agent, or if corporation, then the name of the officer or director who is authorized to execute this statement)

DATE

3/22/96

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	PRESIDENT GENNADY VINOKUR
STREET ADDRESS	250-17451, # 2002
CITY-STATE-ZIP	MIAMI BEACH, FL 33160
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☒ Addition
11 TITLE	VICE PRESIDENT
12 NAME	ANDREI SCHLIVESTOV
13 STREET ADDRESS	2155 HELMSMAN DR. # M-13
14 CITY-STATE-ZIP	MIAMI BEACH, FL 33180
21 TITLE	☐ Change ☐ Addition
22 NAME	PRESIDENT GENNADY VINOKUR
23 STREET ADDRESS	250-17451, # 2002
24 CITY-STATE-ZIP	MIAMI BEACH, FL 33160
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 applicable, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

305-653-5500

SG 3-25-96

CR2E034 (12/95)