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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000022729

Principal Place of Business		Mailing Address	
7145 CARLYLE AVE. MIAMI BEACH FL 33141		9048 BYRON AVE. SURFSIDE FL 33154	

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90027 008 ***150.00

1. Corporatio	on Name VLASNIK CORP						
ZUN	VERONII COIII)			I ARAKATA KIR ININ AKKI MERICARKA REKIL TRIKI			
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Principal Plac	ce of Business	Mailing Address			E ELEKE İLBIL LEDIR.	11818 1811 1881	
7145 CARLYLE	E AVE.	9048 BYRON AVE.					
MIAMI BEACH	FL 33141	SURFSIDE FL 33154		DO NOT WRITE IN THIS	CDACE		
· .		US		3. Date Incorporated or Qualifed	SPACE		ł
				03/21/1995		4,	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Apr	olied For	,
21		26		65-0567200		Applicable	015
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	6	5. Certifcate of Status Desired	\$8.75 A		-
22	<u> </u>	27	-N	S. Controlle or Status Desired H/	Fee Red	quired	
City_& Stat	16-0-2 K3	City & State	×1	-6Election Campaign Financing	_=\$5.00±		
23 Zin	Country	28	Country	Trust Fund Contribution	A Added to	rees	
Zip 24	Country		30	This corporation owes the current year in Personal Property Tax.		□No	
24	9. Name and Address of Curre			10. Name and Address of New Registered			
	7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	g from the state of the state o	81 Name	C C A M F 9			
	VENKA MATORCEVIC		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	8 BYRON AVE.			*** *** *** *** *** *** *** *** *** **		. 948 -40, 1989	
MIA	IMI BCH FL 33154	•	83				
	₩		84 City		85 Zip C	ode	
		A 1007 4500 51 11 01 11		FL	<u> </u>		
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was au	s, the above-named cor thorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as reg	istered	
20001 1	am familiar with, and accept the obliga	ations of Section 607.0505, Flori	da Statutes.	,			
ayem. ra				' / -	, 100°	•	
SIGNATURE	Neverla moto	sevic', sec	Letaron	red when reinstating) DATE	199	*	=
=	Nelles-fo Mpf D Signature, typed or printed name of registered age	sevic', sec	1	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	7 / 9 g	RS IN 12	(98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: I	Registered Agent/Ignature requir		7 / 9 ¶ ND DIRECTOR □ Change	R\$ IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI P MATORCEVIC, ZIVIKO	ent and title if applicable. (NOTE: F	Registered Agent Agenature required 13.	ADDITIONS/CHANGES TO OFFICERS A		<u> </u>	34 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI P MATORCEVIC, ZIVIKO 9048 BYRON AVE.	ent and title if applicable. (NOTE: F	Registered Agent Agnature require 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A		<u> </u>	2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P MATORCEVIC, ZIVIKO 9048 BYRON AVE. MIAMI BEACH FL	ent and title if applicable. NOTE: INOTE: I	Registered Agent Igneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (11/98)
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.