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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

JOURENKO HOLDING, INC. Principal Place of Business Mailing Address 200 S. BISCAYNE BLUD #2420

I	MIANI FL	. 33137				3/20/95	/99	`
2. Principal Place of Business			2a. Mailing Address		4. FEI Number		Applied For	
21			26			65-0586	767	Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	8.75 Additional Fee Required
23	City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	\$5.00 May Be Added to Fees
24	Zip 2	Country	Zip 29	Countr 30	У	8. This corporation has liability for Florida Statutes	intangible tax un	der s. 199.032,
-	1 -	and Address of Current F	Registered Agent	·	-	10. Name and Address of New F	tegistered Age	nt
MARK S. ME LAND P.A.								
200 S. BISCAYNE						ess (P.O. Box Number is Not Acceptat)le) 	
4	MIAMI EL 23/3/							+ ====
	•			84			FL 8	<u> </u>
1	4 0	as of Continno CO7 0500 a	ad 607 1508 Florida Statutos	the shove	 named cornor 	ration submits this statement for the pu	rpose of changin	ig its registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sources units statement or the proportion of 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	n, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	signature, typed or printed name of registered agent and title if applicable (NOTE: Re	ogistered Agent signature required when reinstating! DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PASSIDENT DELETE	1. 1 TITLE	Change Addition		
NAME	SERGEN 2MNHEJKO	, 1.2 NAME			
STREET ADDRESS	PRESIDENT DELETE SERGEY ZUVNENKO BOD #2400	13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33/31	1.4 CITY-ST-ZIP			
1ITLE	DELETE	2. 1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY - ST - ZIP			
TITLE	☐ DELETE	3. 1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3. STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4. 1 TITLE	Change Addition		
NAMε		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP	800001807018		
THILE	☐ DELETE	5. 1 TITLE			
NAME		5 2 NAME	***200.00		
STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	☐ DELETE	6 1 TITLE	☐ Charge ☐ Addition		
NAME		6.2 NAME) [
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	_1_	6.4 CITY - ST - ZIP	Et de New year Los etchod in Costion 110 07/29/k) Florido Statutes further		

14. I do hereby certify that the information supplied with this filling 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 dorporation 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 inchanged or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OF SIGNI