

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00ar
Secretary of State

DOCUMENT # P95000027602 (8)

Corporation Name
ELUGA CAVIAR, INC.



Principal Place of Business
N.E. 171ST STREET
N MIAMI FL 33162

Mailing Address
2180 N.E. 171ST STREET
NORTH MIAMI FL 33162-3320

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report
05/01/1998

4. FEI Number
65-0583447

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSIMBAL, VIKTOR
2180 N.E. 171ST STREET
NORTH MIAMI FL 33162

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* DATE: 04/29/97

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DPVS TSIMBAL, VIKTOR 2180 N.E. 171ST STREET N MIAMI BEACH FL 33162	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TSIMBAL, VIKTOR 2180 N.E. 171ST STREET N MIAMI BEACH FL 33162	<input type="checkbox"/> DELETE	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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SIGNATURE: *[Signature]* DATE: 04/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)