

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000066627 (7)**  
 1. Corporation Name  
**PAVLOV WORLD CORPORATION**



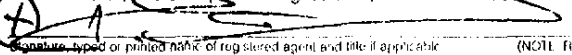
Principal Place of Business: **3300 NE 192ND AVE., STE. #1208 AVENTURA FL 33180**  
 Mailing Address: **3300 NE 192ND AVE., STE. #1208 AVENTURA FL 33180-2433**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1995</b>	3a. Date of Last Report <b>03/28/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0608047</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PAVLOV, IGOR**  
**3300 NE 192ND AVE., STE. #1208**  
**AVENTURA FL 33180**

10. Name and Address of New Registered Agent  
 81 Name **PAVLOV, IGOR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3300 NE 192 AVE, #1208**  
 83  
 84 City **AVENTURA** FL 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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  DATE **4/10/97**  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>PAVLOV, IGOR</b>	
STREET ADDRESS	<b>3300 NE 192ND ST., STE. #1208</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>PAVLOV, ILEANA</b>	
STREET ADDRESS	<b>3300 NE 192ND ST., STE. #1208</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PAVLOV, IGOR</b>	
1.3 STREET ADDRESS	<b>3300 NE 192 AVE #1208</b>	
1.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PAVLOV, ILEANA</b>	
2.3 STREET ADDRESS	<b>3300 NE 192 AVE #1208</b>	
2.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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  DATE **4/10/97** **305-318-6406**

CR2E034 (9/96)