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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90009 042 ***150.00

02-53805

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000066627
 1. Corporation Name
PAVLOV WORLD CORPORATION

Principal Place of Business: 16711 COLLINS AVE. #701 MIAMI BCH. FL 33160
 Mailing Address: 16711 COLLINS AVE. #701 MIAMI BCH. FL 33160



DO NOT WRITE IN THIS SPACE

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

3. Date incorporated or Qualified: **08/29/1995**

4. FEI Number: **65-0608047**

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PAVLOV, IGOR
3300 NE 192 AVE
#1205
AVENTURA FL 33180

10. Name and Address of New Registered Agent

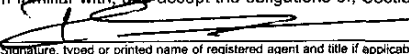
81 Name: **PAVLOV IGOR**

82 Street Address (P.O. Box Number is Not Acceptable): **16711 COLLINS AVE #701**

83

84 City: **Sunny Isles FL** 85 Zip Code: **33160**

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 607.9605, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | PAVLOV, IGOR | |
| STREET ADDRESS | 16711 COLLINS AVE. #701 | |
| CITY-ST-ZIP | MIAMI BCH. FL 33160 | |
| TITLE | STD | <input type="checkbox"/> |
| NAME | PAVLOV, IGOR | |
| STREET ADDRESS | 16711 COLLINS AVE. #701 | |
| CITY-ST-ZIP | MIAMI BCH. FL 33160 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I 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, with all other like empowered.

SIGNATURE:  DATE: **2/7/99** Daytime Phone #: **305/328/6406**

CR2E034 (1/98)