

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

FILED

Apr 28 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 # P95000067081 (6)

1. Corporation Name

AV INTERSPACE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

310 PENNELL CIRCLE, #6
TALLAHASSEE FL 32310

C/O GOUZE, PHILIP J., ESQ.
1215 SE 2ND AVE., SUITE 201
FT. LAUDERDALE FL 33316-1807



3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3334104

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 164 GALEN STR. #31

26 164 GALEN STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WATERTOWN MA

27 #31

City & State

City & State

23

28 WATERTOWN, MA

Zip 02172

Country USA

Zip 02172

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOUZE, PHILIP J ESQ
1215 SE 2ND AVE, SUITE 201
FT LAUDERDALE FL 33308

81 Name

A. Eugene Lewis

82 Street Address (P.O. Box Number is Not Acceptable)

216 West College Av., Suite 201

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

A. Eugene Lewis

04/19/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NAZARENKO, ALEXANDER B
STREET ADDRESS 310 PENNELL CIRCLE, #6
CITY-ST-ZIP TALLAHASSEE FL 32310

☒ DELETE

TITLE D
NAME PAK, VIKTOR
STREET ADDRESS 310 PENNELL CIRCLE, #6
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME NAZARENKO ALEXANDER B
1.3 STREET ADDRESS 164 GALEN STR. #31
1.4 CITY-ST-ZIP WATERTOWN MA 02172

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME VIKTOR PAK
2.3 STREET ADDRESS 164 GALEN STR. #31
2.4 CITY-ST-ZIP WATERTOWN MA 02172

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Alexander Nazarenko 04/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0275254

CR2E034 (9/96)