**FILED** 

Feb 22, 1999 8:00 am

**Secretary of State** 

02-22-1999 90110 006 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000072959

1. Corporation Name

MILANA INTERNATIONAL, INC.

1							<b>8</b> 56 <b>8</b> 1811 1881
Principal Place of Business Mailing Address					( :	E	
16546 N.E. 26TH AVE SUITE 4G 16546 N.E. 26TH AVE SUI NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL.							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/21/1995		
Principal Place of Business     Za. Mailing Address				<u> </u>		olied For	
21 26					NOT APPLICABLE		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Red	
27 City 8 State							·
City & State	9	├ <del>-</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 ( Added to	, ,
23	Country	28 Zip	Count				71663
Zip		_ <del>_</del>	30	,	This corporation owes the current year     Personal Property Tax.		INO I
24	9. Name and Address of Currer		1		10. Name and Address of New Register		
5. Maine and Address of Current Registered Agent				1 Name			
NOSIKOVSKY, DAVID							<del></del>
16546 N.E. 26TH AVE., SUITE 4G				2 Street Add	dress (P.O. Box Number is Not Acceptable)		ļ
NORTH MIAMI BEACH FL 33160			8	3			
				4 City	F	<b>85</b> Zip C	iode
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut tions of, Section 607.0505, Florid	thorized D da Statute	y the corporat es.	poration submits this statement for the purposition's board of directors. I hereby accept the appropriate the purposition of th	opointment as reg	jistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			13.	oglocation regional organization and the second sec			
TITLE	D	☐ DELETE	1.1 TITLE	: [		☐ Change	Addition
NAME	NOSIKOVSKY, DAVID		1.2 NAM	<u> </u>			
STREET ADDRESS	ACTION F COTH AVE CHITE IO			ET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331		1.4 CITY				
TITLE	D. a	DELETE	2.1 TITLE			Change	Addition
NAME	KOPYSSEVITERY VLADISLAV	_ ^	2.2 NAM	_			)
STREET ADDRESS	165/6 NE 26TH AVE #4G		2.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP	N MIAMLECH FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAM	<u> </u>			
STREET ADDRESS			3.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	E Î		_	
STREET ADDRESS		~	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			44 CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition

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.

5,2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change