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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000082652 (5)
1. Corporation Name
FARINA TRADING CORPORATION

Principal Place of Business: 94 FLORIDA PARK DR. PALM COAST FL 32137
Mailing Address: 94 FLORIDA PARK DR. PALM COAST FL 32137

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date Incorporated or Qualified: 10/27/1995
3a. Date of Last Report: 08/12/1996
4. FET Number: APPLIED FOR
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

9. Name and Address of Current Registered Agent
**BRUMER, BARRY N
101 YELKCA TERR.
SUITE B
EDGEWATER FL 32132**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHIZH, ANDREY	
STREET ADDRESS	94 FLORIDA PARK DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHIZH, EUGENI	
STREET ADDRESS	94 FLORIDA PARK DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002239989-4
1.3 STREET ADDRESS	-07/16/97--01108--003
1.4 CITY-ST-ZIP	****173.75 ****173.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: 7-16-97

CR2E034 (9/96)

12

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

▶ **Keep a copy for your records.**

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Farina Trading Corporation

2 Trade name of business (if different from name on line 1) **3** Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.) **5a** Business address (if different from address on lines 4a and 4b)

94 Florida Park Drive **4b** City, state, and ZIP code **5b** City, state, and ZIP code

Palm Coast, FL 32137

6 County and state where principal business is located
Flagler, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ N/A because of foreigners not have SS

8a Type of entity (Check only one box.) (See instructions.)
 Sole proprietor (SSN) Partnership REMIC State/local government Other nonprofit organization (specify) ▶ Other (specify) ▶ corporation
 Estate (SSN of decedent) Plan administrator-SSN Other corporation (specify) ▶ Trust Federal Government/military Farmers' cooperative Church or church-controlled organization Personal service corp. Limited liability co. National Guard (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

9 Reason for applying (Check only one box.)
 Started new business (specify) ▶ Banking purpose (specify) ▶ Changed type of organization (specify) ▶ Purchased going business Created a trust (specify) ▶ Hired employees Created a pension plan (specify type) ▶ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **11** Closing month of accounting year (See instructions.)
10/27/95 December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 1/31/98

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) 2 ▶ Nonagricultural Agricultural Household

14 Principal activity (See instructions.) ▶ Product Trading

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶


16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Public (retail) Other (specify) ▶ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN
5/9/96 Palm Coast Florida none

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Business telephone number (include area code) 904 447 0541
Fax telephone number (include area code) 904 447 0541

Name and title (Please type or print clearly.) ▶ Eugeni Chizh, Secretary
Signature ▶  Date ▶ 5/23/97

Please leave blank ▶ Geo. Ind. Class Size Reason for applying