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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY - S1 - ZIP

DOCUMENT # P96000010476 (5)

ALDA BUSINESS, INC.

## FILED Mar 10 1997 8:00am Secretary of State

Daytime Phone >

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Principal Place	e of Business	Mailing Address		1,000	ier tie ierre errit bern bern gezit		IN MILLI LABO
2812 NW 35TH STREET 2812 NW 35TH STREET MIAMI FL 33142-5269			•			<b>€</b>	
MIAMI PL 0014	•	MINMI IC GOLDE OLOG					
				3. Date In 01/29	corporated or Qualified /1996	3a. Date of Last i	Report
2. Principal Pl	lace of Business	2a. Mailian Address D	CAINE BL	1/0 4. FEI NU	mber	A	u led For
21 200	THE THE POST OF THE	/ 26 /	Citation De	65	-0652679		lot Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certific	ate of Status Desired	Fee R	Additional Required
City & State	Hirite.	City & State  28 MIAMI,	FL	1	n Campaign Financing Fund Contribution		) May Be I to Fees
Zip 2	Country Country 25 (25)	29 35/3 3	J <sup>CA</sup> ÜSA·	Florida	orporation has liability for i	Yes No	s. 199.032,
	9. Name and Address of Current	10, Name	and Address of New Re	pistered Agent			
PALINSKY, ILYA					WASS RIS	From	
	2 NW 35TH STREET MI FL 33142	82 Street A	1960	Number is Not Acceptab	le) PLO		
Mirvi	MI FL 33142		83		BEHJIVE	17704	
			24 0:			[22]	<u> </u>
			84 0	Awi			Code 3/377
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607.1508, Florida Statutes	the above-named o	corporation subm	its this statement for the p	urpose of changing	its registered
agent. La	m is niliar with and accept the oblige	tions of Section 607:0505, Florid	da Statutes.	Diamon's board of	Directors, Friendby accep	A the appointment as	s registered
SIGNATURE	Mayrox	styphen				14197	
12.	Signature hyped or printer lane of registered ager OFFICERS AND		lagistered Agent signature n		DNS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	ORS IN 12
DILE	D	"DELETE	1.1 TOTLE	PIN		Change	
NAME	Palinsky, Ilya	, ,	1.2 NAME	YURY	NOSIKOVA	KX	
STREET ADDRESS	2812 NW 35TH STREET		1.3 STREET ADDRESS	16558	N. E. 26 Au		
CITY-S1-7/P	MIAMI FL 33142		1.4 City-St-Zip	N. MIA	NOSIKOVA N.E. 26 Au Im, 13014 1	=1 33160	
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NAME			32 NAME			_	
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CITY - ST - ZIF			34 CITY-ST-ZIP				
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STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZiP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
L eroria aporese	L v		CONTRET ADDRESS				

6.4 CITY-ST-ZIP

ne by 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 station 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 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