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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 22 1997 8:00am Secretary of State

DOCUMENT # P96000010973 (1)

MTL INTERNATIONAL, INC.

	of Business NCOURSE, SUITE 518 SLAND FL 33154	1111 KANE CO	ailing Address 11 KANE CONCOURSE, SUITE 518 AY HARBOR ISLAND FL 33154-2043			1 1294199; 116 19119 31111 48717 49117 8811	<b>         </b>	181H 18881	1 H11 1941
						3. Date Incorporated or Qualified 02/05/1996	3a. Date o	of Last Re	eport
2. Principal Pl 21	ace of Business	2a, Mailing Ad 26	dress			4. FELNumber 65 - 0637512		·	pplied For ot Applicable
Suite, Apt		Suite, Apt.				5. Certificate of Status Desired	<u>'</u>	Fee Re	<del></del>
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	lo Fees
Ζιρ <b>24</b>	Country 25 9, Name and Address of Curr	29 Zip	30	Country	·	8. This corporation has liability for Florida Statutes  10. Name and Address of New Re	Yes 🔲 N	ю	. 199.032,
THE	LAW FIRM OF LAWRENCE J			81	Name	10, raine and Address of New No.	Alarel on who		
	ALMERIA AVENUE	or induction in the		82	Stroot Ad	dress (P.O. Box Number is Not Acceptal			
	AL GABLES FL 33134			02	Street Aut	oress (F.O. Box Number is Not Acceptal	леј		
				83					
				84	City		FI <sup>8</sup>	5 Zip (	Code
						rporation submits this statement for the	ourpose of cha		
office or n agent. I ai	egistered agent, or both, in the Sta m familiar with land accept the obt	ite of Florida. Such chi Loations of, Section 60	ange was author 17.0505, Florida l	rized by Statutes	the corporation	ation's board of directors. I hereby acce	ot the appoint	ment as	registered
SIGNATURE		9							
	Signature, typed or perfect name of registerion				int signature req	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		RECTOR Change	RS IN 12
NAME	GITMAN, YAKOV			. 2 NAME			لسا	Change	E AUGILION
STREET ADDRESS	1111 KANE CONCOURSE, S	SUITE 518		1.2 NAME 1.3 STREET	ADDRESS				
	BAY HARBOR ISLAND FL 33								
CITY-ST-7/P TITLE	VSTD			.4 CITY - S 2.1 TITLE	1 - ZIP			Change	Addition
NAME	MILOSLAVSKI, LEONID	Bernatel		2.2 NAME					
STREET AUDRESS	1111 KANE CONCOURSE, S	SUITE 518		2.3 STREET	ADDRESS				
CITY-ST-2IP	BAY HARBOR ISLAND FL 33	3154		2. 4 CITY - S		r÷.	\$ 8		
TITLE				1.1 TITLE				Change	Addition
NAME			3	3.2 NAME					
STREET ADDRESS			3	3.3 STREET	ADDRESS				
CITY-ST-ZIP			3	3 4. CITY - 9	ST - ZIP				
TITLE			DELETE 4	11 TITLE				Change	Addition
HAME			4	1. 2 NAME					
STREET ADDRESS			4	1.3 STREET	ADDRESS				
CITY - ST - 7.F				1.4 CITY - S	T-ZIP		····		
THILE		Ц		5.1 TITLE			L	Change	Addition
NAME			5	5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY - \$1 - ZIP	· / * * * * * * * * * * * * * * * * * *	——————————————————————————————————————		.4 CITY - S	T-ZIP			<b>Ob.</b>	A = 200 -
TITLE		اسا		5.1 TITLE			L	Change	Addition
name				5 2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY - ST - ZIP				4 CITY - S	T-ZIP				

14. I do hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/14/97

(\$05)867-1228

ne Phone #

32F034 (9/96)