

5-6-97 B-6409 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 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 # P96000016591 (5)

1. Corporation Name

MASLOV INTERNATIONAL CORPORATION

Principal Place of Business

2809 BIRD AVE SUITE 272  
MIAMI FL 33133

Mailing Address

2809 BIRD AVE SUITE 272  
MIAMI FL 33133-4668

3. Date Incorporated or Qualified  
02/19/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1110 BRICKELL AVE.  
Suite, Apt. #, etc.  
22 406

2a. Mailing Address  
26 1110 BRICKELL AVE.  
Suite, Apt. #, etc.  
27 406

23 MIAMI, FLORIDA  
City & State  
24 33131  
Zip  
25 USA  
Country

26 MIAMI, FLORIDA  
City & State  
27 33131  
Zip  
28 USA  
Country

4. FEI Number  
65-0651567  
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 tangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALAS, CHARLES M III  
2809 BIRD AVE SUITE 272  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name LUIS AGRANUNT  
82 Street Address (P.O. Box Number is Not Acceptable)  
80 SW 8th STREET # 2000  
83  
84 City MIAMI FL 85 Zip Code 33130

11. Pursuant to the provisions of Sections 607.002 and 607.508, 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 is 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 607.005, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME D  
STREET ADDRESS MASLOV, BOSIDAR  
CITY-ST-ZIP 2809 BIRD AVE SUITE 272  
MIAMI FL 33133

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/97 (305) 358-2494  
Date Daytime Phone #

CR2E034 (9/96)