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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 P96000045415 (2) DOCUMENT # 1. Corporation Name

L.B.H. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Feb 17 1997 8:00am Secretary of State



3119 MILLWOOD TERRACE STE 141 BOCA RATON FL 33431		3119 MILLWOOD TERRACE STE 141 BOCA RATON FL 33431-5552								
						3. Date incorporated or Qualified 05/21/1996	3a. Da	te of La	st Rep	ort
2. Principal Pl	lace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number			Appl	ied For
21		26			.,	65-0670389			Not A	Applicable
Suite, Apt.	#, etc	Suite Apt. #, etc.			6. Certificate of Status Desired		\$8.75 Additional Fee Required			
22 City & State	e	City & State	· · · · · · · · · · · · · · · · · · ·		- }	6. Election Campaign Financing			.00 м	
23		28				Trust Fund Contribution			ded to	
Zip 24	Country 25	Zip 29	30 Co	untry	ŕ	This corporation has liability for it Florida Statutes		tax unc] No	ier s. 1	99.032,
	g. Name and Address of Curren	t Registered Agent			*	10. Name and Address of New Re	gistered /	gent		
	BOH, YURI			81	Name					
3119 MILLWOOD TERRACE STE 141 BOCA RATON FL 33431					Street Add	treet Address (P.O. Box Number is Not Acceptable)				
				B3			***************************************	***************************************		
				84	City		FL	85	Zip Co	ode
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 arid 607.1508, Florid of Florida. Such chang ations of, Section 607.0	a Statutes, the a ge was authorize 505, Florida Sta	ibove ed by itute:	I e-named co y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept		chang ointmer	ing its i	registered gistered
SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable	(NOTE: Register	ed Age	ent signature req	uired when reinstating)	DATE			
12.	OFFICERS ANI	DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	PD	☐ DEI	LETE 1.1 T	ITL€				Cha	inge	Addition
NAME	LIABOH, YURI		1.2 8	AME						
STREET ADDRESS	3119 MILLWOOD TERRACE S	TE 141	1.3 5	TREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431			HY-9	ST-ZIP					·
TITLE	VD	☐ DEI	LETE 2.11	ITLE				Cha	กลูย	Addition
NAME	KHUSAINOV, ROBERT	FF 444		IAME						
STREET ADDRESS	3119 MILLWOOD TERRACE S	IE 141			ADDRESS	•	,			
CITY-S1-ZiP	BOCA RATON FL 33431	[] pc			\$T-ZIP			T 1 AL.		The second
THLE	STD	☐ DE				•		☐ Cha	អក្មេន	Addition Addition
NAME	LIABOH, MILENA 3119 MILLWOOD TERRACE S	TE 141		IAME						
STREET ADDRESS	BOCA RATON FL 33431	IL 141			T ADDRESS					
CITY+ST-ZIP TITLE	WOOM INTO IT L WOTH	DEI			\$T-ZIP			Cha	noe	Addition
NAME				NAME						
STREET ADDRESS					T ADORESS					
CITY - ST - ZIP					ST-ZIP					
TITLE		☐ DEI		ITLE	···			Cha	inge	Addition
NAME			5.21	NAME						
STREET ADDRESS			5.3 5	STREET	T ADDRESS					
CITY - ST - ZIP			5.41	DITY-S	ŞT-ZIP					
TIBLE		☐ DEI		TITLE		·		Cha	inge	Addition
NAME.			6.21	NAME						
STREET ADDRESS			6.3	STREET	T ADDRESS					
CITY-ST-2IP			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 exempte 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.