2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90063 018 ***150.00

DOCUMENT # P96000053720 (4)

1. Corporation Name
IVA INTERNATIONAL INC.

Principal Place of Business
1540 N.E. 191 STREET
SUITE 321
N. MIAMI BEACH FL 33179

Mailing Address
1540 N.E. 191 STREET
SUITE 321
N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1996

4. FEI Number
65-0680172
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 19448 NE26 AVE
22 Suite, Apt. #, etc. # 73
23 City & State North Miami Beach
24 Zip 33180
25 Country USA

2a. Mailing Address
26 19448 NE26 AVE
27 Suite, Apt. #, etc. # 73
28 City & State North Miami Beach
29 Zip 33180
30 Country

9. Name and Address of Current Registered Agent
GURALNIK, ARKADY
1540 N.E. 191 STREET
SUITE 321
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name Semen Treskunov
82 Street Address (P.O. Box Number is Not Acceptable) 19448 NE 26 AVE # 73
83
84 City North Miami Beach FL 85 Zip Code 33180

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 Semen Treskunov 04/26/00 Semen Treskunov
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZASLAVSKI, ILIA 1951 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GURALNIK, ARKADY 1540 N.E. 191 STREET SUITE 321 N. MIAMI BEACH FL 33179	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOUGININE, VADIM 2025 N.E. 164 ST #703 N MIAMI BEACH FL 33162	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GENEAMINOV, ILIAT 1951 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		☐ Change ☐ Addition

14. I 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 REQUIRED

CR2E034 (5/98)