

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000060221

1. Corporation Name  
CRYSTAL NOTE, INC.

Principal Place of Business  
504 NORTH PARKWAY  
GOLDEN BEACH FL 33160-0000

Mailing Address  
504 NORTH PARKWAY  
GOLDEN BEACH FL 33160-0000

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90046 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

65-0683197

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KATSMAN, ESQ., MARK  
ROTH & MILNE  
9350 S. DIXIE HIGHWAY, PH 2  
MIAMI FL FL331-56

10. Name and Address of New Registered Agent

81 Name MARK KATSMAN, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable)  
ROTH, ROUSSO & BENJAMIN, P.A.  
83 9350 S. Dixie Highway, PH 2  
84 City MIAMI FL 85 Zip Code 33156

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 *Mark Katzman*  
Signature, typed or printed name of registered agent and title if applicable.

MARK KATSMAN

1/27/99  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTSIBACHEV, VLADIMIR	
STREET ADDRESS	504 NORTH PARKWAY	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTSIBACHEV, NINA	
STREET ADDRESS	504 NORTH PARKWAY	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHACHATURIAN, ANGELA	
STREET ADDRESS	504 NORTH PARKWAY	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIN'KO, OLEG	
STREET ADDRESS	504 NORTH PARKWAY	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*SVK* SVK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)