

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90062 027 ***150.00

DOCUMENT # P96000072597

1. Corporation Name
ZAPSERVIS U.S.A., INC.

Principal Place of Business
2601 E. OAKLAND PARK BLVD.
SUITE 602
FORT LAUDERDALE FL 33306

Mailing Address
2601 E. OAKLAND PARK BLVD.
SUITE 602
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1996

4. FEI Number
65-0690904

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

2. Principal Place of Business
21 P.O. Box 22948

2a. Mailing Address
26 P.O. Box 22948

Suite, Apt. #, etc.
22 Southside Station

Suite, Apt. #, etc.
27 Southside Station

City & State
23 Fort Lauderdale, FL

City & State
28 Fort Lauderdale, FL

Zip
24 33335

Zip
29 33335

9. Name and Address of Current Registered Agent

JOHN P BAUER
2602 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 FL 85 Zip Code
EVGENY BEZ KOROVAINY
2602 E. OAKLAND PARK BLVD -
Fort Lauderdale
FL 33306

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

BEZ KOROVAINY Evgeny

APR 18/99

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
D
BEZKOROVAINY, EVGENY I
2601 E. OAKLAND PARK BLVD., SUITE 602
FORT LAUDERDALE FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
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CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19/99

954 6671700

Daytime Phone #

CR2E034 (11/98)