

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90065 024 ***150.00

DOCUMENT # P96000073877

1. Corporation Name
ENTRIN, INC.

Principal Place of Business

3735 N.E. 214 ST.
AVENTURA FL 33180
US

Mailing Address

3735 N.E. 214 ST.
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

65-0698587

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 1111 Kane Concourse

Suite, Apt. #, etc.

22 204

City & State

23 BAY HARBOR Island

Zip

24 33154

Country

25 US

2a. Mailing Address

26 1111 Kane Concourse

Suite, Apt. #, etc.

27 204

City & State

28 BAY HARBOR Island

Zip

29 33154

Country

30 US

9. Name and Address of Current Registered Agent

TUGAY, OLEG
3735 N.E. 214 ST.
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

VIADIMIR OKUN

82 Street Address (P.O. Box Number is Not Acceptable)

5323 SW 32 TR

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33312

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

VIADIMIR OKUN VP

1/19/99

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 P ☐ DELETE

NAME TUGAY, OLEG
STREET ADDRESS 3735 N.E. 214 ST.
CITY-ST-ZIP AVENTURA FL 33180

TITLE VP ☐ DELETE

NAME OKUN, VLADIMIR
STREET ADDRESS 3735 N.E. 214 ST.
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☒

Change

☐ Addition

1.2 NAME

TUGAY OLEG

1.3 STREET ADDRESS

5323 SW 32 TR

1.4 CITY-ST-ZIP

FT LAUDERDALE FL 33312

2.1 TITLE

VP

☒

Change

☐ Addition

2.2 NAME

OKUN VIADIMIR

2.3 STREET ADDRESS

5323 SW 32 TR

2.4 CITY-ST-ZIP

FT LAUDERDALE FL 33312

3.1 TITLE

☒

Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐ 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:

VIADIMIR OKUN

1/19/99 (305) 7995566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)