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

Mailing Address

2199 NE 179 ST

PROFIT
CORPORATION
ANNUAL REPORT

1**9**98

Principal Place of Business

1031 IVES DAIRY ROAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P96000082518 (7)

**VOSTOK SERVICE INTERNATIONAL, INC.** 

NO MIAMI BEACH FL 33162 DO NOT WRITE IN THIS SPACE MIAMI FL 33179 3. Date Incorporated or Qualified <u> 10/07/1996</u> 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 65-0708626 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional V 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KARAPETYAN, VADIM 1031 IVES DAIRY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIAMI FL 33179 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition PSTD DELETE 1.1 TITLE Change TITLE KARAPETYAN, VADIM 1.2 NAME NAME 1031 IVES DAIRY ROAD SUITE 228 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33179** CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS

2. 4 City - SE-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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64 CRY-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.

CIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

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NAME

BC=0.7E0

May 19 1998

(305)753-2500

☐ Change

Change

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Change

Addition

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Addition

Addition

FILED

May 26 1998 8:00am

Secretary of State