PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082518

1. Corporation Name

VOSTOK SERVICE INTERNATIONAL, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90030 011 ***158.75



Principal Place of Business Mailing Address					
1031 IVES DAIRY ROAD 2199 NE 179 ST					
228		NO MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE
MIAMI FL 3317	9				3. Date Incorporated or Qualified
					10/07/1996
2 Principal P	Place of Business	2a. Mailing Address			, 4. FEI Number Applied For
374 I		26 3741 N.E.	163	Stree	65-0708626 Not Applicable
Suite Apt.		Suite, Apt. #, etc.	100	31.4	\$9.75 Additional
22 - 2-10 - 27 - 2-10					-5. Certificate of Status Desired Fee Required
City & Stat	City & State			6. Election Campaign Financing S5.00 May Be	
•	(MIAMI BEACH, FL	28 NORTH MIAMI	E BEA	ЮH. F	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr		This corporation owes the current year Intangible
24 3316	O 25 USA	29 33160 30	a c)SA	Personal Property Tax.
	9. Name and Address of Current F				10. Name and Address of New Registered Agent
			8	1 Name	
KARAPETYAN, VADIM			8:	2 Stroot A	Address (P.O. Box Number is Not Acceptable)
1031 IVES DAIRY ROAD] "	3741	Address (P.O. Box Number is Not Acceptable) 1 N.E. 163 Street
228 ·				3	
MIAMI FL 33179			<u> </u>	SUIT	e 210
			84	4 City NORT	TH MIAMI BEACH FL 85 Zip Code 33160
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov		corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was authors of Section 607 0505, Florida	orized by	y the corpor	pration's board of directors. I hereby accept the appointment as registered
	III familiai with, and accept the obligation	ris di, Je ction 607.0505, Fiorida	Jiaiule	.	04.09.99
SIGNATURE	Signature, typed or printed name of pegistered agent as	nd title if applicable. (NOTE: Rec	gistered Age	ent signature rec	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change ☐ Addition
NAME	KARAPETYAN, VADIM		1.2 NAME		
STREET ADDRESS	1031 IVES DAIRY ROAD SUITE 2	28	1.3 STREI	ET ADDRESS .	3741 N.E. 163 Street, SUITE 210
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-	ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
_STREET ADDRESS			2.3 STREI	ET ADDRESS	j
CITY-ST-ZIP		a na Canada	2.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	1	·	3.2 NAME		
STREET ADDRESS			3.3 STREE	ET ADDRESS	·
CITY-ST-ZIP	}		3.4. ÇITY-	ST-ZIP	\
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	:	
STREET ADDRESS	}		1	ET ADDRESS	Ĭ
CITY-ST-ZIP			4.4 CITY-		
TILE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ET ADORESS	1
}			5.4 CITY-		}
TITLE ***	3 a 32	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME SSE			6.2 NAME	i	
10000	John Carlo Strate			ET ADDRESS	}
STREET ADDRESS			6.4 CITY-:		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR