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

May 31, 2000 8:00 am
Secretary of State
05-31-2000 90073 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999 2000

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

B0100931 9/14/2000

[redacted]

DOCUMENT # P97000010000
Corporation Name
AMERICAN-RUSSIAN TRADE ASSOCIATION, INC.

Principal Place of Business
) E. ROBINSON STREET
ITE 500
LANDO FL 32801

Mailing Address
200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1997

4. FEI Number
59-3436795
☐ 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

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
25

2a. Mailing Address
26 3956 Town Center Blvd.
27 Suite, Apt. #, etc. 238
28 City & State ORLANDO, FL
29 Zip 32837
30 Country Orange

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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) DATE

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MACE, RICHARD		12 NAME	
STREET ADDRESS	200 E ROBINSON ST STE 500		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		14 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALEKSIC, MIROSLAV		22 NAME	
STREET ADDRESS	4701 HEARTSIDE DR		23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32837		24 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ALEKSIC, MARIA		32 NAME	
STREET ADDRESS	200 E ROBINSON ST STE 500			
CITY-ST-ZIP	ORLANDO FL 32801			
TITLE	DVP	DELITE		
NAME	ALEKSIC DANIEL			
STREET ADDRESS	400 S. ORANGE AVE			
CITY-ST-ZIP	ORLANDO FL 32801			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
ADDRESS				
CITY-ST-ZIP				

Have requested new form several times, please accept this.
Thank you

I hereby certify that the information supplied with this filing, and any attachment to it, is true and accurate and that each individual indicated on this annual report or supplemental annual report has consented to serve as a director or officer of this 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: Daniel Aleksic Maria Aleksic 04.29.00 | 407-426 7005