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

PROFIT CORPORATION ANNUAL REPORT

1998

CALINA COROKHOVSKY, C.P.A., P.A.

GOVTHIK, PA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000014457

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



3545 N.E. 171 STREET NORTH MIAMI BEACH FL 33160		3545 N.E. 171 STREET NORTH MIAMI BEACH FL 33160					
	DENOTITE SOLO	THOUTH MINIMUM DESIGNATION	_ 00,00		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					02/13/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·		U5-0724686	Not Applicable	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.	—		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	1 0 .		Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Country	<i>(</i> ·	8. This corporation owes or has paid the c		
24 25 29 30 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. LL Yes No 10. Name and Address of New Registered Agent				
				81 Name			
STRATTON, DOUGLAS D ESQ							
407 LINCOLN ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)		
SUITE 2D			83	 -			
MIA	IMI BEACH FL		03				
	₹		84	City	F	85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Sta tul	les, the abov	e-nameo	corporation submits this statement for the purpose	of changing its registered	
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 ag-			ent signatur	e required when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	DELETE	1.1 TITLE		D	Change X Addition	
NAME	GOROKHOVSKY, GALINA		1.2 NAME		GOUTHIK, GALINA		
STREET ADDRESS	35 45 N.E. 171 STREET		1.3 STREET	ADDRESS	3545 N.E. 171 STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	160	1.4 CITY-5	ST-ZIP	NORTH MIAMI BEACH, FL 33160		
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	GOROKHOVSKY, GALINA		2.2 NAME				
STREET ADDRESS	35 45 N.E. 171 STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		2.4 CITY-	ST - ZIP	3		
TITLE		☐ DELETE	3 1 TITLE			Change Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		_ _	
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-7IP			
TITLE		DELETE	5.1 TITLE		3000024890	Ghange Addition	
NAME			5.2 NAME		-04/15/98010210	27 L	
STREET ADDRESS			5.3 STREET	ADDRESS	***150.00		
CITY-ST-ZIP			5.4 CtTY - 9	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			hange Addition	
NAME			6.2 NAME			U-151	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP		NK-1	

Thereby 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.