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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000030556 (9)

SVETLANA-POLINA, INC.

Principal Place of Business		M	Mailing Address					a santada san inisi tahis dhisi dhisi dhisi di	/PIL B. D. D. B. T. L. L.	 	
409 POINCIANA (\$LAND DRIVE #409			409 POINCIANA ISLAND DRIVE #409								
N MIAMI BEACH FL 33160			N MIAMI BEACH FL 33160					DO NOT WRITE IN THIS SPACE			
1							3	Date Incorporated or Qualified 04/03/1997			
2. Principal P	lace of Business	2a.	Mailing Address				4	. EEI Number			pplied For
21		26	-					65-07413	39		ot Applicable
Suite, Apt	#, etc.	,	Suite, Apt. #, etc.				5	Certificate of Status Desired		\$8.75	Additional
City & Stat	9	27	City & State					- Election Campaign Financing			equired
23	_	28	<u></u>				"	Trust Fund Contribution			May Be to Fees
Z ip	Country		Zip Country			8	This corporation owes or has pa	aid the curr	ent year In	tangible	
24	25	29						Personal Property Tax due June 30. Yes No			□ No
	9. Name and Address of Curre	ent Regis	tered Agent		1			. Name and Address of New Re	gistered /	lgent	
₩ WE	EISS, MICHAEL N ESQ.				81	Name	e				
	01 Bri ckell ave		8			Stree	t Address (i	ess (P.O. Box Number is Not Acceptable)			
#3					83		······································				
į Mil	AMI FL 33131				. 63						
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 6/	07.1508, Florida Statu	ules, the	above	-name	d corporation	on submits this statement for the r	aurnose of	changing i	ts registered
I Office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	to at Floria	da. Suich chanda was	- purbori:	20d hv.	the co	orporation's	board of directors. I hereby acce	of the appr	ointment as	registered
	to termine with a termine the complete comments	genoria oi	, 300//01/001/0000,1	ionoa 3	,	o.					
SIGNATURE	Signature, typed or printed name of registered a	igeni and title	if applicable (NO	Tt: Regist	ered Age	nt signatu	re required whe	n reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS A	ND DIREC	TORS	1:	3.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE			DELETE	1.1	1.1 TITLE					Change	Addition
NAME	GORDIYENKO, YURI			1.2	NAME						
STREET ADDRESS	70 CORAL SEA WAY #24			1.3	STREET	ADDRESS	;				
CITY-ST-ZIP	\$ ATELITE BEACH FL 32937			1.4	CITY-S	T-ZIP					
TITLE	0		☐ DELETE	21	TITLE					☐ Change	☐ Addition
NAME	PROSVETOCA, ALLA			2.2	NAME						
STREET ADDRESS	70 CORAL SEA WAY #24			2.3	STAEET	ADDRESS	i				
CITY-ST-ZIP	\$ATELITE BEACH FL 32937			2.	4 CITY - S	T-ZIP				_	i
TITLE			☐ DELETE	3.1	TITLE					☐ Change	☐ Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS	;				
CITY-ST-ZIP				3.4	L CITY - S	ST-ZIP			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
TITLE			☐ DELETE	4.1	TITLE					Change	Addition
NAME				4.1	2 NAME						
STREET ADDRESS				4.3	STREET	ADDRESS	;				
CITY-ST-ZIP	·			4.4	CITY-S	T-ZIP					
TITLE			OELET E	5.1	TITLE				ļ	Change	Addition
NAME				5.2	NAME			•			
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST-ZIP				5.4	CITY-S	T-ZIP					
TITLE			☐ DELETE	6.1	TITLE					☐ Change	☐ Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRESS					

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.

6.4 CITY-ST-ZIP

CICALATURE.

off 1

Alle Durantous

מון דין לווח

FILED

Apr 24 1998 8:00am

Secretary of State