

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **P97000065061**

Corporation Name

WALTZING U.S.A. INC.

Principal Place of Business

20 N. UNIVERSITY DR.
SUNRISE FL 33322

Mailing Address

2820 N. UNIVERSITY DR.
SUNRISE FL 33322
US

Principal Place of Business

2820 N. University Dr

Suite, Apt. #, etc.

Sunrise, FL

City & State

33384 USA

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0770373

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. ☐ Yes ☐ No

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

OFFICERS AND DIRECTORS

1. NAME
DPS
KAGHADO, BURZAG
141 4TH AVE.
HAWTHORNE NJ 07506

☐ DELETE

2. NAME
DVT
EVGAMAKOV, UALI
4287 REFLECTIONS BLVD., S. #204
SUNRISE FL 33351

☐ DELETE

3. NAME
[Blank]
[Blank]
[Blank]

☐ DELETE

4. NAME
[Blank]
[Blank]
[Blank]

☐ DELETE

5. NAME
[Blank]
[Blank]
[Blank]

☐ DELETE

6. NAME
[Blank]
[Blank]
[Blank]

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

Date

Daytime Phone #

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 010 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)