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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State.

DIVISION OF CORPORATIONS

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90012 044 ***150.00

1999 POCUMENT # P9700089625

MADE IN RUSSIA, INC.

Principal Place of Business	Mailing Address		- I LONGINGODI KIN TODIN KODIN DENIN DANIN DOKIN DOKUN HENID EDILA ENILA KIERK DERI I	461
150 WORTH AVE., SUITE 216	150 WORTH AVE., SUITE 216		· ·	
PALM BEACH FL 33480	PALM BEACH FL 33480			
,			DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualified	
			10/17/1997	
2. Principal Place of Business	2a. Mailing Address	/	4. FEI Number Applied For	
21	26 PO BOX 3	307S	65-0787648 Not Applicab)le
Suite, Apt. #, etc.	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 Palm Beac	h 50	Trust Fund Contribution Added to Fees	
Zip Country		Country	8. This corporation owes the current year	
24 25	29 33480 30	USB	Intangible Personal Property. Yes X No	_
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
LATRIANA DENIC		81 Name		Ì
LATHAM, PENE		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	ᆨ
150 WORTH AVE., SUITE 216				
PALM BEACH FL 33480		83		}
		84 City	FL 85 Zip Code	\neg
11 Pursuant to the province of sections 607.0507	and 607 1508 Florida Statutes the	above-named cornors	tion submits this statement for the purpose of changing its registered	\dashv
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was author	ized by the corporation	n's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature requin	ed when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg
TITLE D		1 TITLE	Change Additi	ion
NAME LATHAM, PENE	<u> </u>	2 NAME		
STREET ADDRESS 150 WORTH AVE., SUITE 216	1	3 STREET ADDRESS		Į
DALM BELOU EL AGAGO		4 CITY-ST-ZIP		ĺ
TITLE PALM BEACH FL 33480		1 TITLE	Change Addition	-
	DECETE	2 NAME	Change Additive	
NAME	i	3 STREET ADDRESS		1
STREET ADDRESS			2.	
CITY-ST-ZIP		4 CITY-ST-ZIP 1 TITLE	Change Additiv	
		2 NAME	Change Additi	UII
NAME				1
STREET ADDRESS	1	3 STREET ADDRESS		\
CITY-ST-ZIP		4 CITY-ST-ZiP		\dashv
TITLE	DECE IE	1 TITLE	Change Addition	an
NAME	4	2 NAME		1
STREET ADDRESS		3 STREET ADDRESS		- [
CITY-ST-ZIP		4 CITY-ST-ZIP		\dashv
TITLE		1 TITLE	Change Additi	on
NAME	I	2 NAME		1
STREET ADDRESS		3 STREET ADDRESS		- (
CITY-ST-ZIP	··	4 CITY-ST-ZIP		
TITLE	DELETE 6.	1 TITLE	Change Additi	on
NAME	6	2 NAME		1
STREET ADDRESS	6.0	3 STREET ADDRESS		1
CITY-ST-ZIP	6.	4 CITY-ST-ZIP		╝

4. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-97

(561) 831 - 1500 Daytime Phone # 3R2F034 (5/99)

MIR

MADE IN RUSSIA

PO BOX 3075 PALM BEACH, FLORIDA 33480

TEL: (561) 832-1500 FAX: (561) 832-1532

this notice is the only

notice I have recieved.

I called your dept and was

took to enclose this now with

the application and 150% filly fee.

Thank you for your time

Sincerely

Dene late