May 04, 1999 8:00 am Secretary of State

05-04-1999 90063 023 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000099682

MAS FINANCE INTERNATIONAL, INC.

j						
Principal Place	of Business	Mailing Address				
15 MOUNT VERNON LANE 15 MOUNT VERNON LANE PALM COAST FL 32164 PALM COAST FL 32164					DO NOT WRITE IN THIS SPACE	
}					3. Date Incorporated or Qualifed	
					11/24/1997	
Principal Place of Business     Za. Mailing Address					4. FEI Number Applied For	
21 26 .			· · · · · · · · · · · · · · · · · · ·		59-3479105   Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing S5.00 May Be	
23 28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Cou		у	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent	8	41 N	10. Name and Address of New Registered Agent	
ANATON ANADITO				1 Name		
AMERILAWYER 343 ALMERIA AVENUE			8	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			8	3		
 			8	4 City	FI 85 Zip Code	
1007 1500 FL 11 201 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					• • 1	
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					required when reinstation) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			13.	ent signature n	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition	
NAME	PAVLOV, DMITRY V		1.2 NAME	: [		
STREET ADDRESS 15 MOUNT VERNON LANE			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	VLADIMIR E TISHAK		2.2 NAME			
STREET ADDRESS	RESS 15 MOUNT VERNON LN 2:		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164			-ST-ZIP		
TITLE	[ ·	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS	·		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP		- O DELETE	3.4. CITY		Change Addition	
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAM		,	
STREET ADDRESS				ET ADDRESS		
TITLE			4.4 CITY-		☐ Change ☐ Addition	
NAME		<u> </u>	5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		•	5.4 CITY	\$T-ZIP		
CHY-SI-ZIP				V		

14. 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

386 16 J. L. L. A.

TITLE

NAME

STREET ADDRES

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition