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FILED

Mar 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000104701 (2)

1. Corporation Name  
SPICA, INC.

Principal Place of Business  
2801 NE 183RD ROAD APT 901  
AVENTURA FL 33180

Mailing Address  
~~2801 NE 183RD ROAD APT 901~~  
~~AVENTURA FL 33180~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/12/1997

4. FEI Number  
65-0803585  
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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 555 N.E. 34th Street

2a. Mailing Address  
26 c/o Ernesto Sanchez P.A.

814 Ponce de Leon Blvd.

Suite, Apt. #, etc.  
22 205

Suite, Apt. #, etc.  
27 Suite 505

City & State  
23 Miami, FL

City & State  
28 Coral Gables, FL

Zip  
24 33137

Country  
25 USA

Zip  
29 33134

Country  
30 USA

9. Name and Address of Current Registered Agent

ERNESTO SANCHEZ, P.A.  
814 PONCE DE LEON BLVD SUITE 505  
CORAL GABLES FL 33134

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

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TIMOFEEV, ALEXANDRE  
2801 NE 183RD ROAD APT 901  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
KAGANOV, ROMAN  
2801 NE 183RD ROAD APT 901  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
KAGANOV, VALENTINA  
2801 NE 183RD ROAD APT 901  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

555 N.E. 34th Street, Suite 205  
Miami, FL 33137

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

555 N.E. 34th Street, Suite 205  
Miami, FL 33137

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

555 N.E. 34th Street, Suite 205  
Miami, FL 33137

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

✓ Roman Kaganov

✓ 03.05.98 (305) 576-3990

CR2E034 (10/97)