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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000109023 (6)

1. Corporation Name

EXPLOR INTERNATIONAL, INC.

Principal Place of Business

5 FERNWOOD LN.
PALM COAST FL 32137

Mailing Address

5 FERNWOOD LN.
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

59-3489973

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 1 FLORIDA PARK DR

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26 Suite, Apt. #, etc.

City & State

Zip

Country

27 Suite, Apt. #, etc.

City & State

Zip

Country

28 Suite, Apt. #, etc.

City & State

Zip

Country

29 Suite, Apt. #, etc.

City & State

Zip

Country

30 Suite, Apt. #, etc.

City & State

Zip

Country

31 Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GONCHAROV, SERGEY
5 FERNWOOD LN.
PALM COAST FL 32137

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

04/02/98

12. OFFICERS AND DIRECTORS

TITLE MANAGER
NAME LARISA KARMAZINA
STREET ADDRESS 5 FERNWOOD LN
CITY-ST-ZIP PALM COAST FL 32137

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

MANAGER

04/02/98

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