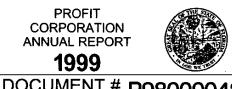
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 17, 1999 8:00 am Secretary of State

1. Corporatio	GROUP, INC.	U42141			03-17-1999 90099	033 ***150.00	
Principal Plac	e of Business	Mailing Address			_		
7437 COLLINS AVENUE MIAMI BEACH FL 33140		7437 COLLINS AVENUE MIAMI BEACH FL 33140				0.001.05	
					DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE	
					05/11/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0904343	Applied For	
21 254	3 LINCOLN AVE		COLN 1	WE_	03 0104345		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	Mit GLOUTE	City & State	ROVE	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>33</b> /	133 Country SA	zip 33.433	Country 30	USA	This corporation owes the current year Intangible Personal Property.	Yes No	
	9:-Name and Address of Currer	nt Registered Agent		<del></del>	10. Name and Address of New Registere	d Agent	
AME	DII AIMVED		81	Name			
Amerilawyer 343 Almeria Avenue			82	Street Ad	et Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			<u></u>				
00.0	TE GUELO I E GOTOV		83	<b>`</b>			
			84	City	F	L 85 Zip Code	
11. Pursuant office or agent. I a	t to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida Statutes of Florida. Such change was a ations of, section 607.0505, Flo	s, the above uthorized b rida Statute	e-named corp y the corpora es.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered pintment as registered	
SIGNATURE							
45	Signature, typed or printed name of registered age		TE: Registered	Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
12.	PSTD OFFICERS AN	ID DIRECTORS	1.1 TITLE	T .	PSTO	Change Addition	
NAME	RUBAJA, ILYA	DELETE	1.2 NAME		, - ,	Change Addition	
STREET ADDRESS	7437 COLLINS AVENUE			TADDRESS	DORON ZILBELSHTEIN		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-S		2543 Linlock AVE Colonyt GROVE FL 33	<b>132</b>   5	
TITLE	MINIMI BENOTTE COTTO	DELETE	2.1 TITLE	1-217	TOFACHER	Change Addition	
NAME		□ pet∈ic	2.2 NAME		ILLIMA ZUBBLSHSAN	Change Andition	
STREET ADDRESS				TADDRESS	2543 LINGLA AVE		
CITY-ST-ZIP			2.4 CITY-S	"	Colonet Charle For 23	133	
TITLE		DELETE	3.1 TITLE	7.2		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4 CITY-9	iT-ZiP			
TITLE		DELETE	4.1 TITLE			Change Addition	

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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAMÉ

NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

DELETE

DELETE

Change Addition

Change Addition