

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90249 040 ***150.00

DOCUMENT # P98000089119

1. Corporation Name
DAYS HOLDING, INC.

Principal Place of Business
3901 SOUTH OCEAN DRIVE
SUITE 1B
HOLLYWOOD FL 33019

Mailing Address
3901 SOUTH OCEAN DRIVE
SUITE 1B
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1998

4. FEI Number
65-0876042

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1552

22 City & State

27 City & State
Hallandale, FL

23 Zip Country

28 Zip Country
33008 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KHOREV, ALEXEY
STREET ADDRESS 3901 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33019

1.1 TITLE GM
1.2 NAME Youri Kondrashov
1.3 STREET ADDRESS 3901 South Ocean Dr, Apt. 6Q
1.4 CITY-ST-ZIP Hollywood, FL 33019

TITLE VD
NAME LUGOVTSOVA, YULIA V
STREET ADDRESS 3901 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33019

2.1 TITLE M
2.2 NAME Olga A. Khlioustova
2.3 STREET ADDRESS 3901 South Ocean Dr, Apt. 1B
2.4 CITY-ST-ZIP Hollywood, FL 33019

TITLE STD
NAME KHILOUSTOV, SERGUEI A
STREET ADDRESS 3901 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Serguei A. Khlioustov, Secretary 2/2/99 954-455-8707

Daytime Phone #

CR2E034 (11/98)