

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:14

DOCUMENT # **V49631** (7)

1. Corporation Name  
**BAKOMOORF, INC.**

Principal Place of Business Mailing Address  
~~430 LINCOLN RD #440~~ ~~430 LINCOLN RD #440~~  
~~MIAMI BEACH FL 33139~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1992** 3a. Date of Last Report **10/14/1994**  
4. FEI Number **65-0392200** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2030 NW 36 ST.** 26 **2030 NW 36 ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 **MIAMI, FL** 28 **MIAMI, FL**  
Zip Country Zip Country  
24 **33142** 25 **USA** 29 **33142** 30 **USA**

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
81 Name **BATCHILO, ALEXEI**  
82 Street Address (P.O. Box Number is Not Acceptable) ~~420 LINCOLN RD.~~ **2030 NW 36 ST.**  
83 ~~MIAMI BEACH FL 33139~~  
84 City **MIAMI** FL 85 Zip Code **33142**

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 of Registered Agent or person authorized to act as agent)

(Signature of Registered Agent or person authorized to act as agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATCHILO, ALEXEI</b>	12 NAME	
STREET ADDRESS	<del>420 LINCOLN RD., #440</del>	13 STREET ADDRESS	<b>2030 NW 36 ST</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	14 CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE	<b>VD</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTCHETKOV, ALEXANDRE</b>	22 NAME	
STREET ADDRESS	<del>420 LINCOLN RD., #440</del>	23 STREET ADDRESS	<b>2030 NW 36 ST</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	24 CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.032, 119.033, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE: *[Signature]*

(Signature and typed or printed name of signing officer or director)

**2 9. x 95.**

(Date)

(Signature of Secretary of State)