

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

APPROVED AND FILED

25 MAY - 1 AM 10:15

CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64580** (6)
1. Corporation Name
MIR INTERNATIONAL CENTER (FLORIDA), INC.

Principal Place of Business
**300 71 ST
STE 405
MIAMI BCH FL 33141
US**

Mailing Address
**300 71 ST
STE 405
MIAMI BCH FL 33141
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
Suite 510
22 City & State
MIAMI BCH FL
23 Zip
33141
24 Country
US

2a. Mailing Address
26 Suite, Apt. #, etc.
Suite 510
27 City & State
MIAMI BCH FL
28 Zip
33141
29 Country
US

3. Date Incorporated or Qualified
09/17/1992

3a. Date of Last Report
04/29/1994

4. FEI Number
65-0356551

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. 199.139 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **SANFORD Z CHEVLIN, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
409 ~~W. COLLINS AVE~~ NW 10th Terrace
83 City **HALLANDALE** FL 85 Zip Code **33009**

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]* **SANFORD Z. CHEVLIN, P.A.** DATE: **4/14/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLOCHTCHAPOV, IOULI
STREET ADDRESS	5701 COLLINS AVE, #1203
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D
NAME	GRIAZNOV, DIMITRI
STREET ADDRESS	ENERGETIKOV ST. #68
CITY - ST - ZIP	ST. PETERSBURG, RUSS
TITLE	D
NAME	ZVEGINTCEV, NIKITA
STREET ADDRESS	11 NARVSKY PROSPECT, #5
CITY - ST - ZIP	ST. PETERSBURG, RUSS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	10295 Collins ave apt 211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY - ST - ZIP	Miami Beach FL 33154	
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *[Signature]* **Director, President** 5/1/95 305-808-9061
(Typed Name)