

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V72126 (8)**

1. Corporation Name

U.S. TRADE INFORMATION CENTER, INC.



Principal Place of Business

Mailing Address

7118 BONITA DRIVE
10210 COLLINS AVE #106
BEL HARBOR FL 33154
US

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10210 COLLINS AVE #106
BEL HARBOR FL 33154
US

3. Date Incorporated or Qualified
10/14/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **10210 Collins Ave**

26 **same**

4. FLE Number
65-0372675

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
106

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Bel Harbor

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33154** 25 Country **US**

29 Zip Country

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

**ABAMOVITCH, ALEXANDRE
10210 COLLINS AVE. #106
APT. #301
BEL HARBOR FL 33154**

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 607.1506, 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 registrant and title of applicant

(Title: Registered Agent signature required if re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | GLUZMAN, YURY | |
| STREET ADDRESS | 7118 BONITA DR #301 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ABRAMOVITCH, ALEXANDER | |
| STREET ADDRESS | 7118 BONITA DR #301 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | ZLATOGOROV, ALEXANDER | |
| STREET ADDRESS | 7118 BONITA DR #301 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | PAVLENKO, VALERI | |
| STREET ADDRESS | 10210 COLLINS AVE APT 106 | |
| CITY-ST-ZIP | BEL HARBOR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Abramovitch - **A. Abramovitch** 5/15/96 (305) 868-9735

CR2E034 (12/95)