PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72685

RUSSIAN IMPORT CORPORATION

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 001 ***150.00



micipai riace	a of Dustriess	Maling Address				
806 MARINER DR 1103 FLORIDA AVE						·
TE 213 SUITE 4						DO NOT WRITE IN THIS SPACE
ARPON SPGS FL 34689		PALM HARBOR FL 34683				
S		US				3. Date Incorporated or Qualifed 10/20/1992
		TA 11-10 Add				
2. Principal Place of Business 2a. Mailing Addr			:55			4. FEI Number Applied For
		26				59-3145329 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Security Fee Required
1		27				
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
·		Zip Country				Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax. Yes No
<u> </u>	25	29	30	τ -		1 Crostian 1 Toponty Turn.
	9. Name and Address of Curre	nt Registered Agent		81	Nessa	10. Name and Address of New Registered Agent
CDAI	NOUGE IAMES I			"'	Name	
SPANOLIOS, JAMES J 36358 US HWY 19 N				82	Street Addi	ress (P.O. Box Number is Not Acceptable)
			\square		<u> </u>	
PALM HARBOR FL 34684			-	83		
				84	City	85 Zip Code
				54	City	FL T SSSS
2.		ID DIRECTORS	13.	T E		
	Signature, typed or printed name of registered age			Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE .	PST	DELETE	1,1 TI	TLE		Change
AME	BALESTRIERI, HENRI		1.2 N	AME		
TREET ADDRESS	1806 MARINER DR, 213		1.3 \$	TREET	ADDRESS	
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IAME			2.2 N	AME	PI	ATRICK PETIT 103 FLORIDA AVE, STE.4 DALM HARBOR FL 34683
	,			-	ADDRESS //	ID3 FLORIDA AVE. STE.4
TREET AODRESS				ITY-SI	T ZID	PAMHAPARE EL 34683
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ITLE		☐ DELETE	6.1 Ti	TLE		☐ Change ☐ Addition
IAME			6.2 N	AME		
TREET ADDRESS			6.3 S	TREET	ADDRESS	
			64.0	ITY-ST	C. ZID	

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.

Daytime Phone #