

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

DOCUMENT # **P48000032160**

1. Corporation Name

A' KONDOR INTERNATIONAL GROUP, INC.

STATE OF FLORIDA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Principal Place of Business: **17201 Collins Avenue # 267 NORTH MIAMI BEACH, FL 33160**
 Mailing Address: **17201 Collins Avenue # 267 NORTH MIAMI BEACH, FL 33160**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes the current year intangible Personal Property Tax.		4/6/98	65-0838767	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8.75 Additional Fee Required		8.75 Additional Fee Required						
City & State		City & State		5.00 May Be Added to Fees		5.00 May Be Added to Fees						
Zip		Country		Zip		Country						

9. Name and Address of Current Registered Agent

81 Name: **Konstantin Korneev**
 82 Street Address (P.O. Box Number is Not Acceptable): **17201 Collins Avenue # 267**
 83 City: **North Miami Beach** FL 85: Zip Code **33160**

10. Name and Address of New Registered Agent

81 Name: **Konstantin Korneev**
 82 Street Address (P.O. Box Number is Not Acceptable): **17201 Collins Avenue # 267**
 83 City: **North Miami Beach** FL 85: Zip Code **33160**

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]* DATE: **3/18/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	P Konstantin Korneev
STREET ADDRESS		13 STREET ADDRESS	17201 Collins Avenue # 267
CITY-ST-ZIP		14 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	VP, T. Secretary
STREET ADDRESS		23 STREET ADDRESS	MARIA TCHOUGOUNOVA
CITY-ST-ZIP		24 CITY-ST-ZIP	17201 Collins Avenue # 267
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	500002824455-- 1
STREET ADDRESS		33 STREET ADDRESS	-03/30/99--01107--010
CITY-ST-ZIP		34 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	B. 3/26/99 99AR
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.17(3)(ii), 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]* DATE: **3/18/99** (305) 792-7015