

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019821 (5)

1. Corporation Name
MALVAI, INC.

Principal Place of Business
**% 505 S FLAGLER DR
STE 800
W PALM BEACH FL 33401**

Mailing Address
**% 505 S FLAGLER DR
STE 800
W PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/09/1994

9a. Date of Last Report

4. FEI Number
65-0426090

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASHINGTON, WILLIAM A
450 EGRET CIR
APT 9104
DELRAY BEACH FL 33444**

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **WASHINGTON, MALVAI O**
STREET ADDRESS **109 ROYAL LAGOON CT**
CITY-ST- ZIP **PONTE VEDRA BEACH FL 32082**

1 1 TITLE Change Addition

TITLE **VD**
NAME **WASHINGTON, WILLIAM A**
STREET ADDRESS **450 EGRET CIR #9104**
CITY-ST- ZIP **DELRAY BEACH FL 33444**

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2 1 TITLE Change Addition

TITLE **STD**
NAME **WASHINGTON, CHRISTINE**
STREET ADDRESS **450 EGRET CIR #9104**
CITY- ST- ZIP **DELRAY BEACH FL 33444**

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY- ST- ZIP

3 1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY- ST- ZIP

4 1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY- ST- ZIP

5 1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY- ST- ZIP

6 1 TITLE Change Addition

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 the 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

William A. Washington
4/1/95 1892-9893
Lynette P. Lee