

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G25344** (4)

1. Corporation Name

**RAHIM ASSOCIATES, INC.**



Principal Place of Business

**12 SO DIXIE HWY STE 200  
LAKE WORTH FL 33460  
US**

Mailing Address

**12 SO DIXIE HWY STE 200  
LAKE WORTH FL 33460  
US**

3. Date Incorporated or Qualified  
**02/23/1983**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **12 South Dixie Highway**

26 **12 South Dixie Highway**

4. FEI Number

**59-2611687**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 201**

27 **Suite 201**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Lake Worth, FL**

28 **Lake Worth, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **33460**

25 **USA**

29 **33460**

30 **USA**

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

**MARK, JOHN E.  
523 LAKE AVE.  
LAKE WORTH FL 33460**

81 Name

**SILVER, Nan K.**

82 Street Address (P.O. Box Number is Not Acceptable)

**30 Milestone Way**

83

84 City

**West Palm Beach**

FL

85 Zip Code  
**33415**

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

*Nan K. Silver*

**Nan K. Silver**

**April 26, 1996**

(Signature, typed or printed name of registered agent and, if not applicable, the corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE  
NAME **YULGUSHEV, RAVIL M**  
STREET ADDRESS **MOKHOVAYA ST. 13**  
CITY-ST-ZIP **MOSCOW RU**

1.1 TITLE **CD** ☒ Change ☐ Addition  
1.2 NAME **YAROCHKIN, Anatoly I.**  
1.3 STREET ADDRESS **Mokhovaya St. 13**  
1.4 CITY-ST-ZIP **Moscow, RU 103009**

TITLE **PTD** ☐ DELETE  
NAME **MESIATSEV, ALEXEY N.**  
STREET ADDRESS **5349 CEDAR LAKE RD #12-38**  
CITY-ST-ZIP **BOYNTON BCH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **BOURTSEV, SERGEI YU.**  
STREET ADDRESS **2845 HELM CT #208**  
CITY-ST-ZIP **LANTANA FL**

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **SILVER, Nan K.**  
3.3 STREET ADDRESS **30 Milestone Way**  
3.4 CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE **D** ☐ DELETE  
NAME **YAROCHKIN, ANATOLY I.**  
STREET ADDRESS **MOKHOVAYA ST. 13**  
CITY-ST-ZIP **MOSCOW RU**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **BOLSHAKOV, Victor E.**  
4.3 STREET ADDRESS **Mokhovaya St. 13**  
4.4 CITY-ST-ZIP **Moscow, RU 103009**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 in an amendment with an address.

SIGNATURE:

*Alexey N. Mesiatsev*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alexey N. Mesiatsev 4/26/96 (407)585-5305**

Date

Daytime Phone

CR2E034 (12/95)