

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G25344** (4)
1. Corporation Name
RAHIM ASSOCIATES, INC.



Principal Place of Business 12 SOUTH DIXIE HIGHWAY SUITE 201 LAKE WORTH FL 33460 US	Mailing Address 12 SOUTH DIXIE HIGHWAY SUITE 201 LAKE WORTH FL 33460 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/23/1983	
				4. FEI Number 59-2611687	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SILVER, NAN K. 30 MILESTONE WAY WEST PALM BEACH FL 33415				10. Name and Address of New Registered Agent 81 Name Andrew Helgesen, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) Law Offices Harris, Kukey & Helgesen 83 11380 Prosperity Farms Road, Suite 201 84 City Palm Beach Gardens FL 85 Zip Code 33410			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Andrew Helgesen* /Andrew Helgesen/ 04.28.1998

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZAITSEV, ALEXANDER P.			1.2 NAME	Leiviman, Alexander L.		
STREET ADDRESS	MOKHOVAYA ST. 13			1.3 STREET ADDRESS	Milyutinsky Lane 13/1		
CITY-ST-ZIP	MOSCOW RU			1.4 CITY-ST-ZIP	Moscow, RU 101000		
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESIATSEV, ALEXEY N.			2.2 NAME			
STREET ADDRESS	6349 CEDAR LAKE RD #12-38			2.3 STREET ADDRESS	811 Cedar Cove Road		
CITY-ST-ZIP	BOYNTON BCH FL			2.4 CITY-ST-ZIP	Wellington WPB, FL 33414		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, NAN K.			3.2 NAME			
STREET ADDRESS	30 MILESTONE WAY			3.3 STREET ADDRESS	201 Brackenwood Terrace		
CITY-ST-ZIP	WEST PALM BEACH FL			3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALIEV, RAMIZ I.			4.2 NAME			
STREET ADDRESS	MOKHOVAYA ST 13			4.3 STREET ADDRESS	Milyutinsky Lane 13/1		
CITY-ST-ZIP	MOSCOW RU			4.4 CITY-ST-ZIP	Moscow, RU 101000		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 officer 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, on an attachment with an address.

/Alexey N. Mesiatsev/ 04.27.1998 (561) 525-5225

CR2E034 (10/97)