

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90036 048 \*\*\*158.75

DOCUMENT # **G25344**

1. Corporation Name

**RAHIM ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified

**02/23/1983**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

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4. FEI Number

**59-2611687**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELGESEN, ANDREW  
HARRIS, KUKEY & HELGESEN  
11380 PROSPERITY FARMS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410**

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

**/Andrew Helgesen/**

**03.12.1999**

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	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIVIMAN, ALEXANDER L.</b>	1.2 NAME	
STREET ADDRESS	<b>MILYOTINSKY LANE 13/1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOSCOW RU 10100</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESIATSEV, ALEXEY N.</b>	2.2 NAME	
STREET ADDRESS	<b>811 CEDAR COVE ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, NAN K.</b>	3.2 NAME	
STREET ADDRESS	<b>201 BRACKENWOOD TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALIEV, RAMIZ I.</b>	4.2 NAME	
STREET ADDRESS	<b>MILYUTINSKY LANE 13/1</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOSCOW RU 10100</b>	4.4 CITY-ST-ZIP	
TITLE		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		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**/Alexey N. Mesiatsev/ 03.11.1999**

**(561) 585-5305**

Date

Daytime Phone #

CR2E034 (11/98)