

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90107 022 ***150.00

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DOCUMENT # **M36753**

1. Corporation Name
MOLDAVAN CO.



Principal Place of Business
**C/O ANATOLY MOLDAVAN
231-174 ST
MIAMI BCH FL 33160
US**

Mailing Address
**C/O ANATOLY MOLDAVAN
231-174 ST
MIAMI BCH FL 33160
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1986	
21		26		4. FEI Number 65-0014396	Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MOLDAVAN, EVELYN
231-174 ST. APT 1217
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLDAVAN, EVELYN	1.2 NAME	
STREET ADDRESS	231 174 ST S1217	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOLDAVAN, EVELYN	2.2 NAME	
STREET ADDRESS	231 174 ST S1217	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	ELIZABETH MOLDAVAN
STREET ADDRESS		3.3 STREET ADDRESS	231 - 174 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	ALEXANDER MOLDAVAN
STREET ADDRESS		4.3 STREET ADDRESS	231 - 174 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: **Evelyn Moldavan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

(305) 933-0148

Daytime Phone #

CR2E034 (11/98)