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FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2. Principal Place of Business

21 P.O. Box 2651

Suite, Apt. #, etc.

22 City & State

23 Ponte Vedra, FL

Zip

24 32004

Country

25 USA

2a. Mailing Address

26 P.O. Box 2651

Suite, Apt. #, etc.

27 City & State

28 Ponte Vedra, FL

Zip

29 32004

Country

30 USA

4. FEI Number

65-0400000 0462090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Jennifer Carper

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

165 Patrick Mill circle

83

84 City

Ponte Vedra

Beach

FL

85 Zip Code

32082

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

Jennifer Carper

3/22/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
WASHINGTON, MALVAI O  
109 ROYAL LAGOON CT  
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE

VD  
WASHINGTON, WILLIAM A  
450 EGRET CIR #9104  
DELRAY BEACH FL 33444

TITLE ☒ DELETE

STD  
WASHINGTON, CHRISTINE  
450 EGRET CIR #9104  
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: x Malva O Washington x 3-15-98 x 904-273-2187

CR2E034 (10/97)