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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029042

1. Corporation Name
A. MEDVEDEV & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4360 NORTHLAKE BLVD STE 205 PALM BEACH FL 33410	4360 NORTHLAKE BLVD STE 205 PALM BEACH FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1998

2. Principal Place of Business
21 151 Los Pinos Ct
22 Suite, Apt. #, etc.
23 City & State: Coral Gables, FL
24 Zip: 33143 25 Country: USA

2a. Mailing Address
26 151 Los Pinos Ct
27 Suite, Apt. #, etc.
28 City & State: Coral Gables, FL
29 Zip: 33143 30 Country: USA

4. FEI Number: 65-0818972 ☐ 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

WASHOFSKY, MARTIN E
4360 NORTHLAKE BLVD STE 205
PALM BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name: Earl Wald, CPA.
82 Street Address (P.O. Box Number is Not Acceptable): 9700 S. Dixie Hwy
83: Suite 900
84 City: Miami FL 85 Zip Code: 33156

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: _____ Earl A. Wald 5/6/99
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MEDVEDEV, ALEXANDER		1.2 NAME	MEDVEDEV, ALEXANDER	
STREET ADDRESS	4360 NORTHLAKE BLVD STE 205		1.3 STREET ADDRESS	151 Los Pinos Ct	
CITY-ST-ZIP	PALM BEACH FL 33410		1.4 CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

CR2E034 (11/98)

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: X Signature REQUIRED X 4/14/99 X (305) 6670026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #