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

FILED PROFIT Feb 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name V61002 MEDALIAN REALTY GROUP INC Principal Place of Business Mailing Address 12794 WEST FOREST HILL BLVD. 12794 WEST FOREST HILL BLVD. SUITE 29 SUITE 29 W. PALM BEACH FL 33414 DO NOT WRITE IN THIS SPACE W. PALM BEACH FL 33414 3. Date Incorporated or Qualified 09/01/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Same Not Applicable 65-0347772 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 25 X Yes ☐ No 30 Personal Property Tax due June 30. 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEDALIAN, JALIL 12794 W. FOREST HILL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 29 83 W. PALM BEACH FL 33414 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. 1/29198 Medalon SIGNATURE d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVS** TITLE DELETE 1.1 TITLE Change Addition MEDALIAN, JALIL NAME 1.2 NAME CR2E034 2090 HENLEY PLACE STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME MEDALIAN, JALIL 2.2 NAME 2090 HENLEY PLACE STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE Addilion

14. Thereby 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 sqn an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1129197 (561) 791-2000

NAME

STREET ADDRESS