

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M62872** (0)

1. Corporation Name  
**CASPIAN DEVELOPMENT INC.**



Principal Place of Business: **C/O HAMID R. ABBASSI, 2000 S. DIXIE HWY., STE. 100, MIAMI FL 33133**  
Mailing Address: **C/O HAMID R. ABBASSI, 2000 S. DIXIE HWY., STE. 100, MIAMI FL 33133**

3. Date Incorporated or Qualified: **11/23/1987**  
3a. Date of Last Report: **08/03/1995**  
4. FEI Number: **65-0275179**  
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 has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**ABBASSI, HAMID R.  
2000 S. DIXIE HWY  
SUITE 100  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBASSI, HAMID R.	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBASSI, R.	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ABBASSI, HAMID R.	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBASSI, HAMID R.		<u>Same</u>
STREET ADDRESS	2000 S. DIXIE HWY #100		
CITY-STATE-ZIP	MIAMI-FLA 33133		
TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBASSI, R.		<u>Same</u>
STREET ADDRESS	2000 S. DIXIE HWY #100		
CITY-STATE-ZIP	MIAMI FLA 33133		
TITLE	STD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBASSI, Hamid R		<u>Same</u>
STREET ADDRESS	2000 S. DIXIE HWY #100		
CITY-STATE-ZIP	MIAMI FLA 33133		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this report.

SIGNATURE: *Hamid R. Abbassi* (35) 856-5858  
DATE: *3-21-96*

CR2E034 (12/95)