

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M62872 (0)**  
 1. Corporation Name  
**CASPIAN DEVELOPMENT INC.**



Principal Place of Business <b>C/O HAMID R. ABBASSI                  2000 S. DIXIE HWY., STE. 100                  MIAMI FL 33133</b>	Mailing Address <b>C/O HAMID R. ABBASSI                  2000 S. DIXIE HWY., STE. 100                  MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/23/1987</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0275179</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ABBASSI, HAMID R.                  2000 S. DIXIE HWY                  SUITE 100                  MIAMI FL 33133</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>Same.</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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: *Dr. Hamid R. Abbassi* DATE: \_\_\_\_\_

Signature of applicant or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBASSI, HAMID R.	1.2 NAME	ABBASSI, HAMID R.
STREET ADDRESS	2000 S. DIXIE HWY. #100	1.3 STREET ADDRESS	2000 S. Dixie Hwy #100
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBASSI, R.	2.2 NAME	ABBASSI Mike
STREET ADDRESS	2000 S. DIXIE HWY. #100	2.3 STREET ADDRESS	2000 S. Dixie Hwy #100
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBASSI, HAMID R.	3.2 NAME	ABBASSI, HAMID R.
STREET ADDRESS	2000 S. DIXIE HWY. #100	3.3 STREET ADDRESS	2000 S. Dixie Hwy
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 amendment with an address.

SIGNATURE: *Dr. Hamid R. Abbassi* **3/9/98 (305) 851-5887**

CR2E034 (10/97)