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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

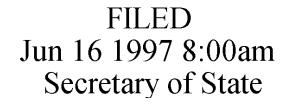
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K27291

(9)

SABET INVESTMENTS CORP.





Principal Plac	e of Business	Mailing Address		<u> </u>				
7213 N W 12 8 MIAMI FL 3312		7213 N W 12 STREET MIAMI FL 33126-1908						
					 Date Incorporated or Qualified 06/29/1988 	3a. Date o		ieport
 \	Place of Business	2a. Mailing Address			4. FEI Number	1. 1/2/2/22		oplied For
21		26			65-0057273		→	ot Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Ζφ	Cou	ntry	8. This corporation has liability for			. 199.032,
24	25	29	30			Yes N		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Age	nt	
	ali bidgoli, reza			81 Name				
	3 N W 12 STREET MI FL 33126			82 Street Add	lress (P.O. Box Number is Not Acceptat	ole)		
				83				
	· •			84 City		FL 8	5 Zip i	Code
office or r agent. I a SIGNATURE	Signature, typicd or printed name of registered as	ent and title if applicable. (N		d by the corpora utes. Agent signature requ	tion's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	of the appoint	nent as	regislered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PSD	☐ DELETE	1.1 TI			Ш	Change	Addition
NAME	JALALI BIDGOLI, REZA		1.2 N					
STREET ADDRESS	7213 N.W. 12TH STREET			REET ADDRESS				
CITY-ST-ZIP	MIAMI FL VD	DELETE		TY-ST-ZIP		—————	Change	Addition
TITLE NAME	JALALI BIDGOLI, HASSAN		2110	ì		لسا	Change	LJ ADQIIIDIJ
STREET ADDRESS	7213 NW 12 ST		2.2 N/	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL			11Y-S1-ZIP				
TITLE	TD	DELETE	3.1 10			П	Change	Addition
NAME	JALALI BIDGOLI, HOSSEIN		3.2 N/	ì				
STREET ADDRESS	7213 N.W. 12TH STREET		3.3 \$1	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIF				
TITLE		DELETE	4.1 10				Change	Addition
NAME			4. 2 N	AME:				
STREET ADDRESS			4.3 \$1	REET ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI	LE			Change	☐ Addition
NAME			5.2 N ⁴	ME				
STREET ADDRESS			53 \$1	REET ADDRESS				
CITY-ST-ZIP				1Y-ST-71P				
TITLE		☐ DELĒTE	6.1 TH			Ц	Change	Addition
NAME			6.2 NA	Į.				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			6 4 Ci	TY-S1-ZIP				

14. I do 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 11 if changed, or or an attachment with an address.