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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996	DIVISION OF CO	ORPORATIONS		
DOCUN 1. Corporation	Name	5 (4)			
IRANA	SERVICE CORP.			E LANGOL BLAND MAIN MAIN MINIS AND	AN AIRE BEAGE BEGGE ALBER ALAN ANAN ANAN BERTEN INDI
			· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address					
291 E. 2ND STREET P.O. Box 1360 Hialeah Fl 33011		291 E. 2ND STREET P.O. BOX 1360 HIALEAH FL 33011			
THALLATT	3001	THREETH TE SOUT		 Date incorporated or Qualified 04/16/1974 	3a. Date of Last Report 06/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address	····	4. FEI Number	Applied For
21 Cuito Ant #	ata	Cuito Act # oto		59-1544928	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for in Florida Statutes Yes	I
24	25 9. Name and Address of Curren		30	Florida Statutes X Yes 10. Name and Address of New R	
	<u> </u>		81 Name		
MONTANARI, MOIRA 82 Street A			82 Street Addr	ess (P.O. Box Number js Not Acceptab	<u>,) (</u>
291 E 2ND ST				9162 2 45+	
HIALEA	H FL 32011		83		
			84 City	1 1 1 5	71 FL 85 Zip Code
44 Discount to	the project of Costone CO7 0500	and 607 1609 Florida Statutos	the above period cover	11abah FZ 33c	ocea of changing the registered office
or registere	ed ago it, o boilt, the State of Florid	fa. Such change was authorized	by the corporation's boar	ation submits this statement for the pured of directors. I hereby accept the appe	pose of changing its registered office
	1, and account the smigations of Section			J. 4.2	24-96
SIGNATURE	nghafure typed or contain contrag devent again.	and the transition of the INCOLE	Pergulania Agon't Signal are resputed	dividen renotative)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DEFELE	1 1 TITLE		Change Addition
NAME.	Montanari,antonio G. 291 E. 2nd St.		12 NAME		03
STREET ADDRESS CITY-ST-ZIP	HIALEAH FL		1.3 STALET ADDRESS 1.4 CHY -ST-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	YERMACK, ADELE		2.2 NAME		
STREET ADDRESS	291 E. 2ND ST.		2 3 STREET ADORESS		
CiTY-ST-ZIP	HIALIAH FL		2 4 CITY - ST - ZIP		
TITLE	0	DELETE	3 1 TITLE		Change Addition
NAME	BARTLETT,HILDA		3 2 NAME		
STREET ADDRESS	2424 N. BAY RD. MIAMI BEACH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD PD	DELETE	3.4 O(T) - S1 - ZIF 4.1 TITL -	The second secon	Change Addition
NAME	YERMACK, JOHN S.	_	4.2 NAME		
STREET ADDRESS	291 E. 2ND STREET		4.3 STREET ADDRESS		
CITY+S1+ZIP	HIALEAH FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY+ST-ZIP		DELETE	5 4 C(T) - ST - Z(P) 6 1 T(T) E		Change Addition
TITLE NAME		LJ bereit	62 NAMÉ		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY - ST - Z/P		
	L		,,		

14. I do hereby certify that the information supplied worth that the information indicards on the innuroals, that I am an officer or discours of the country appears in Block 12 or Block 13 if changed in the country of the country o tris filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further teach of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or of the relever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.

SIGNATURE:

SIGNATURE MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 305 8877543