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

CITY-ST-ZIP

SIGNATURE:

FILED Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F63881 (9) NAFISA Z. GHADIALI, INC. Principal Place of Business Mailing Address 2769 SEABREEZE DRIVE 2769 SEABREEZE DRIVE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/20/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2154037 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Yes □No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GHADIALI, ZOHER 2769 SEABREEZE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 83 84 City 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 part accept the obligations of Section 607.0505, Florida Statutes. udid SIGNATURE Signature, typed or printed name of registered eyen) and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Спапое Addition TITLE 1.1 TITLE GHADIALI, NAFISA MALAS 1.2 NAME 2769 SEABREEZE DRIVE STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 2.1 TITLE GHADIALI, Z.M. NAME 2.2 NAME 2769 SEABREEZE DRIVE STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 a stachmost with an address.

813-341-8661