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 # F89481

(8)

PARS ORIENTAL RUGS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address							t (BBIIBE tilb) (Aris ellei) dillar (aris 6161) Arati Arbit Arbit attir Billin artit (an)			
195 SE 3 AVE MIAM! FL 3313		195 SE 3 AVE Miami FL 33131-200								
						3. Date Incorporated or Qualified 07/06/1982		Date of Last F	Report	
2. Principal F	Place of Business	2a. Mailing Address	5			4. FEI Number			pplied For	
21		26				59-2223007			ot Applicable	
Suite, Apt #, etc. Suite, Apt #, etc. 22			C.			5. Certificate of Status Desired			Additional equired	
City & Stat	to	City & State	· · · · · · · · · · · · · · · · · · ·		~	6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Z.p	j,	untry		8. This corporation has liability for			s. 199.032,	
24	25	29	30	T			Yes			
	9, Name and Address of Cu			81	Name	10, Name and Address of New R	agisterec	J Agent		
	ROUH PERERA AND ASSOCIA	AIES		"	INAITIU					
48 E FLAGLER STREET				82	Street	Address (P.O. Box Number is Not Accepta	ble)			
SUITE 368 MIAMI FL 33131				83					· · · · · · · · · · · · · · · · · · ·	
MA	WII PL 33131									
				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida	Statutes, the a	above	-named	corporation submits this statement for the	purpose :	of changing i	its registered	
office or agent 1 a	registered agent, or both, in the S am fan flar with, and accept the o	state of Florida. Such change Bilgations of, Section 607.05	was authorize 05, Florida Sta	ed by atute:	the corps.	poration's board of directors. I hereby acco	pt the ap	pointment as	s registered	
SIGNATURE	·									
OKATARO OKIE	Signature Typed or ponted name of regions				nt signatura	required when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN		***************************************	
TITLE	PD VARABLE EGRAFIE	DELE.		THLE		PRESIDENT		Change	Addition	
NAME	YAMINI, ESMAEIL 195 S.E. E AVENUE		1	NAME		YAMINI, MOJTAB.	7			
STREET ADDRESS	MIAMI FL				ADDRESS		7/3/			
CHY-ST-ZIP TITLE	VPD	DELE		DITY-S TITLE	1-ZIP	MIMMI I PLA 33	/ 3/	Change	Additio	
NAME	YAMINI, MOJTABA A			NAME				L Change		
	AGE OF A AUTABLE				ADSDECC.					
STREET ADDRESS	MIAMI FL				ADDRESS					
C-TY - ST - ZIP TITLE	STD	DELE		TITLE	51 - ZIF			Change	Additio	
NAME	YAMINI, MOJTABA	here's the same		NAME						
STREET ADDRESS	AGE OF A ALTERIE				ADDRESS					
CITY - ST - 7IP	MIAMI FL		1		ST - ZIP					
TILLE		DELE		TITLE	J. E.	- 		☐ Change	Addition	
NAME				NAME				Ţ		
STREET ADDRESS	· [ADDRESS					
CHTY+S1-ZF			4.4	CITY S	ST-ZIP					
THEF		☐ DELF		HLE	· · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			5.2	NAME						
STREET ADORESS			5.3	STREET	ADDRESS					
City-St-7/2				CITY - S	1 - ZIP					
T:TL {		☐ DELE	TE 6.1	TITLE				Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					

6.4 CITY-ST-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 true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12/2/96 (305)384-7277