FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # F93000003109 (6)

1. Corporation Name

MAKTAB TARIGHE OVEYSSI SHAH MAGHSOUDI CORPORATIO N

Principal Place of Business	Mailing Address
6450 LUSK BLVD SUITE E210 SAN DIEGO CA 92121	6450 LUSK BLVD SUITE E210 SAN DIEGO CA 92121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 08/09/1994
4. FEI Number: 94-2495240 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

9. Name and Address of Current Registered Agent

KHOROMI, SUZAN
1606 RIVER DR. #G211
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name: KHOROMI SUZAN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4211 CHATHAM OAK CORT. # 124
84 City: TAMPA FL 85 Zip Code: 33624

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: Suzan Khoromi — Address only changed — 1-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T	P / T	1.1 TITLE	☒ Change ☐ Addition
NAME	KASSRAVI, KARIM	1.2 NAME	
STREET ADDRESS	2745 TENNYSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	1.4 CITY-ST-ZIP	
TITLE T	VPC / T	2.1 TITLE	☐ Change ☐ Addition
NAME	EZAZ, CYROUS	2.2 NAME	
STREET ADDRESS	325 OLD GLORY CORT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94539	2.4 CITY-ST-ZIP	
TITLE T	S / T	3.1 TITLE	☐ Change ☐ Addition
NAME	MOTTAGHI, ALIREZA	3.2 NAME	
STREET ADDRESS	4084 CRYSTAL DAWN LN. #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122	3.4 CITY-ST-ZIP	
TITLE T	AS / T	4.1 TITLE	☐ Change ☐ Addition
NAME	KHOROMI, PARVIN	4.2 NAME	
STREET ADDRESS	3604 TERRACE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNANDALE VA 22003	4.4 CITY-ST-ZIP	
TITLE T	AS / T	5.1 TITLE	☐ Change ☐ Addition
NAME	SHASHAANI, AVIDEH	5.2 NAME	
STREET ADDRESS	4601 NORTH PARK BLVD. #1410	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD 20815	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	EZAZ, CYROUS	6.2 NAME	
STREET ADDRESS	325 OLD GLORY CORT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94539	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Mottaghi Alireza Mottaghi- Secretary 1-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074038