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

PROFIT CORPORATION ANNUAL REPORT



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

1996 J59453 DOCUMENT # 1. Corporation Name

(7)

GHASMI, INC.

			I OFOR BIOK INDA

	Hasmi Dehkharghani Ennedy Boulevard	3308 WEST KENNEDY	Mailing Address Mail Reza Ghasmi Dehkharghani 3308 West Kennedy Boulevard Tampa Fl. 3369							
THE CO.	~~	THAT I L SOOLS			3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1987 04/26/1995					
2. Principal Pla 21	ice of Business	2a. Mailir g Address 26				4. FEI Number 59-2860382			Applied For Not Applicable	
Suite, Apt. 4	t, etc.	Suite Apt. #, etc				5. Certificate of Status Desired			Additional Required	
City & State		Oty & State				6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country 25	Z(p)	30 Cou	intry	,	8. This corporation has liability for in Florida Statutes 🔼 Yes		x under s	199.032,	
	9. Name and Address of Curre	nt Registered Agent			F	10. Name and Address of New R	egistered #	\gent		
				81	Name					
	rghani, ali reza ghasmi			62	2 Street Address (P.O. Box Number is Not Acceptable)					
	ST KENNEDY BOULEVARD			83						
TAMPA F	L 33609			53						
				84	City		FL	85 Zı	ip Code	
familiar wit SIGNATURE _ 12. TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	h, and accept the obligations of, Social Squares (gradier metal or an 2 mg James agai OFFICERS AN DEHKHARGHANI, ALI REZA 3308 WEST KENNEDY BLVD TAMPA FL	•	2011 Houstead 13. 1.1.1 1.2.No. 1.3.5	ITLE AME THEFT HTV - S	at signatura regize	ADDITIONS/CHANGES TO OFF	C	DIRECTO Change Change	DRS IN 12 ne fibbh notibbh	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6 1 7 6 2 N 6 3 S 6 4 C	TILE AME TREET DV - S	ST ZIP FADDRESS ST-ZIP] Change	Addition	
14. I do hereb certify that oath; that appears in	y certify that the intermation supplied the information indicated on this and larn an officer or director of the corp Block 12 or Block 13 it changed, or	with this filing a voluntarily fu- ual report or supplemental an orubon or the receiver or trust on an attachment with an add	rnished and inual report i de empova dress.	doe is tre red	is not qualify ue and accura to execute th	for the exemption stated in Section 119, ate and that my signature shall have the lis report as required by Chapter 607, Fl	07(3)(k), Flor same legal or da Statute	rida Statu effect as i es; and th	ites. I further if made under nat my name	

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Daytonia Phone #