

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J98519 (8)**

1. Corporation Name
AASEMAN CORPORATION



Principal Place of Business: **14575 W. DIXIE HWY N. MIAMI FL 33161**
Mailing Address: **14575 W. DIXIE HWY N. MIAMI FL 33161**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/22/1987		08/09/1995
4.	FBI Number	Applied For	
	59-2858263	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DARVISH, GHOLAM REZA
2385 NE 173 ST. #A206
NORTH MIAMI FL 33160

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent with title, corporation name, and date of registration

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DARVISH, GH REZA	
STREET ADDRESS	2385 NE 173 RD. ST. #A206	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SEYED, MOVLA M.	
STREET ADDRESS	431 N.E 110TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MOVLA, MAYRA G	
STREET ADDRESS	431 NE 110TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	KASHTIBANIYAN, ESFANDIYAR	
STREET ADDRESS	2385 NE 173RD ST. #A206	
CITY-ST-ZIP	M. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
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)(k), 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 of 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 written document with an address.

SIGNATURE: Movla M. Seyed
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96 305-940-9999
DATE EXPIRES

CR2E034 (12/95)