

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 # K11566

(2)

1. Corporation Name

MITRA INVESTMENTS, INC.

Principal Place of Business

3418 HANDY RD. STE 202
TAMPA FL 33618

Mailing Address

3418 HANDY RD. STE 202
TAMPA FL 33618-4603

FILED
Jan 22 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2875918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

WISE, ROBERT S.
3418 HANDY RD, STE 202
TAMPA FL 33618-1614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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	DP	<input type="checkbox"/> DELETE	11 TITLE
NAME	TAVAKOLI, A.A.		12 NAME
STREET ADDRESS	3418 HANDY ROAD, STE 202		13 STREET ADDRESS
CITY- ST- ZIP	TAMPA FL		14 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	21 TITLE
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY- ST- ZIP			24 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	31 TITLE
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY- ST- ZIP			34 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY- ST- ZIP			44 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY- ST- ZIP			54 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY- ST- ZIP			64 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 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 an attachment with an address.

SIGNATURE:

R. B. Tavakoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 813) 960-5993

Daytime Phone #

CR2E034 (9/96)