**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # K58181**

1. Corporation Name

ROYAL G	GALLERY FINE ORIENTAL	HUGS, INC.									
Principal Place of Business Mailing Address							, , , , , , , , , , , , , , , , , , , ,				
2211 N ORANGE AVE.  ORLANDO FL 32804  2211 N ORANGE AVE.  ORLANDO FL 32804							DO NOT WRITE	IN THIS S	SPACE		
U\$						<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
							01/13/1989				
2. Principal Place of Business 2a. Mailing Address						1	FEI Number	******	Apr	lied For	
21 Philiopai Ft	ace of Business	26				- [	59-5309203		Not	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc							\$8.75 A	dditional	
22	r, 6to.	27				5.	Certifcate of Status Desired		Fee Red	quired	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	intry		8.	This corporation owes the current	t year Intai	ngible		
24	25	29	30				Personal Property Tax.			□ No	
241	9. Name and Address of Curre			T		10.	Name and Address of New Reg	jistered A	gent		
				81	Name					1	
HASHEMI PARICHEHL					Stroot Add	troce /P	O. Box Number is Not Acceptable	<u>e)</u>			
2211 N ORANGE AVE.				82	Sileet Add	11633 (I .	O, dox Hamber is Not Accopias.	·,			
ORLANDO FL 32804				83							
									85 Zip C	·	
				84	City			FL	85 Zip C	ode	
office or ragent. I a	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida, Such change v gations of, Section 607.0509	was authorize	a by tutes	the corporati	red when re	instating)	DATE	anon do rog		
12.	OFFICERS A	AND DIRECTORS	13.			A	DDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	D	☐ DELET	TE 1,1 TI	ITLE					Change	Addition	
NAME	HASHEMI, PARICHER		1.2 N	AME						ţ	
STREET ADDRESS	125 S. COURT AVENUE		1.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP	ORLANDO FL 1.40			ITY-S	T-ZIP			40.77			
TITLE	☐ DELETE 2.1 T		TLE					Change	☐ Addition		
NAME	22 N		AME						1		
STREET ADDRESS			2.3 \$	TREE	TADORESS						
CITY-ST-ZIP			2.40	CITY- S	ST-ZIP	:	<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>		
TITLE	☐ DELETE 3.1 T			TLE					☐ Change	☐ Addition	
NAME			3.2 N	IAME							
STREET ADDRESS			3.3 S	TREE	ADDRESS						
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP						
TITLE		☐ DELE	TE 4.1 T	ITLE					☐ Change	☐ Addition	
NAME			4.21	VAME						ļ	
STREET ADDRESS			4.3 S	TREE	T ADDRESS						
CITY-ST-ZIP				ITY-S							
TITLE		☐ DELE						-	☐ Change	☐ Addition	
				AME	1					ļ	

CITY-ST-ZIP 14. I 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 employed 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 or an attacty then twith an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90060 026 \*\*\*150.00