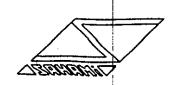
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		PLEASE READ /						OMPLET	ING THIS FO	RM.	D91	
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FOR						aí V NS		FILED				
DOCUMENT # K68182							·	96 NOV 18 AM 9: 01				
SAHAMI CORP.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Pla	ice of Busine	ss	Mailing Addre	ess					ana mirki shibi siddi dark dik	ANALI ALAIN ALAIN J	11.01 (	
REZA SAH 14613 SW MIAMI FL	95TH LANE		reza sahami 14613 SW 95TH Lane Miami Fl 33186									
		incorrect in any way, line thro address, If Applicable	ough incorrect in 3. New Malli					4. Date Incorp	orated or Qualified			
uite, Apt.	, etc.		Suite, Apt. #, etc.							02/19/		
City & State	<del></del>		City & State					5. FEI Number 65-0099815			Applied For Not Applicable	
Zip Country		Country	Zip		Country			6. CERTIFICAT	E OF STATUS DESIRED		tional Fee require tificate of Status	
. Names a	nd Street Add	dresses of Each Officer and/	J or Director (Flo	rida nonprof	fit corporati	ons mu	t list at lea	ast 3 directors)	1			
Title(s)	Name of Officers and/or Directors 3 (Do NOT					er and/i Post O	ss of Each or Director ffice Box N	ich lor City / State / Zip x Numbers) 4			)	
D	SAHAMI, REZA			14613 SW 95TH LANE				MIAMI FL 33186				
D 1	SAHAMI,	LILLIANA SOLANO	14613 SW 95TH			LANE		MIAMI FL 33186				
								<del>7</del> 1	*****200.	01004	<del>71</del> 001 *200.00	
									)/e	311-20	20	
8. Name and Address of Current Registered Agent Name							·	Name and Address of New Registered Agent				
SAHAMI, REZA 14613 SW 95TH LANE MIAMI FL 33186						Street	Address (I	ress (P.O. Box Number is Not Acceptable) #, Etc.				
						Suite,	Apt. #, Étc					
City								State   Žip Code   FL				
0. I, being	appointed th	e registered agent of the abo	ove named corp	oration, am	familiar with	and a	cept the o	bligations of Sec	tion 607.0505, F.S.	_ <u> </u>		
Signatere of Registered	Agent	Cy Dala	GISTERED AG	SENT MUST			* **		Date/	4-96		
11. Do De	es this o	corporation pay a evenue under S.	any intang 199.032,	jible ta: Florida	x to the a Statu	tes.	Yes	Ø № [		ther side for in on intangible to		
this rein	statement app	officer or director or the receiplication, the reason for disse ion have been paid and the true and accurate, and my si	olution has been names of individ	r eliminated, Juais listed (	, the corpor on this form	ate nam do not	e satisfies qualify for	the requirement: an exemption ur	s of section 607.0401 or	617.0401. F.	5., that all tees	

SIGNATURE: NESSALATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone &



## The Sahami Corp.

14613 S.W. 95 LN. Miami, Florida 33186 U.S.A. Tel/Fax (305) 388-1617

FLORIDA DEPARTMENT OF STATE DEVISION OF CORPORATION

ATTN: MRS. LESLIE

DEAR MRS LESLIE AS WE SPOK ONTHE
PHON TOID EXPLAIN ALL THE HARDSHIP
AND THE DIFFICULTIES.

SINCE THIS WAS THE FIRST NOTICE

THAT I HAVE RECIVED YOU ASKED

ME TO SEND TO SEND \$\frac{1}{200.00}\$

WITH THIS LETTER OF EXPLANATION.

I DO THANK YOU ONCE AGAIN FOR
YOUR COOPRATION. REJESSAlorn