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AND
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95 FEB 27 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K78454 (1)

1. Corporation Name
B.E.K. INTERNATIONAL INC.

| | |
|--|--|
| Principal Place of Business 2804 N.W. 72ND AVENUE MIAMI FL 33122 | Mailing Address 2804 N.W. 72ND AVENUE MIAMI FL 33122 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/07/1989 | 3a. Date of Last Report 03/07/1994 |
| 4. FEI Number 65-0112108 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 | |

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

9. Name and Address of Current Registered Agent

**GOLD, STUART M.
8180 NW 36th STREET, SUITE 100
MIAMI FL 33168**

10. Name and Address of New Registered Agent

| | |
|--|---|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | 8180 N.W. 36th Street, Suite 100 |
| 83. City | Miami |
| 84. State | FL |
| 85. Zip Code | 33168 |

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 fee if applicable

NOTE: Registered Agent signature required when registering

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | D |
| NAME | MOZTARZADEH, NADER |
| STREET ADDRESS | 2804 NW 72ND AVE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | CHORSI, REZA |
| STREET ADDRESS | 2804 NW 72ND AVE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | ANASSERI, SIAVASH |
| STREET ADDRESS | 2804 NW 72ND AVENUE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY - ST - ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY - ST - ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY - ST - ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. 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 110.07(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 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 of this report.

SIGNATURE: **SIAVASH ANASSERI**

2-21-95

305-594-3756 X201

SIGNATURE AND TITLE OF REGISTERED AGENT OR CURRENT OR NEW DIRECTOR

10/1/1994