FILE MAY 1 FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81575** **(8)**

1. Corporation Name
M.B.M. LES SAVOIE, INC.

Principal Place of Business	Mailing Address
10185 COLLINS AVE. #601 BAY HARBOR FL 33154	10185 COLLINS AVE. #601 BAY HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/21/1989**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: APPLIED FOR 65-0454447 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has authority to purchase its own shares of stock pursuant to Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAHEB, BABAK
10185 COLLINS AVE #601
BAY HARBOR ISLAND FL 33154

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 Section 607.0502 and 607.1908, 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: (Typed or printed name of registered agent and title if agent is corporation) (Typed or printed name of registered agent or of officer if agent is corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PAHLAVANIAN, PARVIN	12 NAME	
STREET ADDRESS	10185 COLLINS AVE #601	13 STREET ADDRESS	
CITY ST ZIP	BAY HARBOR ISL. FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	RAHEB, BABAK	22 NAME	Raheb, Babak
STREET ADDRESS	10185 COLLINS AVE #601	23 STREET ADDRESS	12-2 Bay Front Drive
CITY ST ZIP	BAY HARBOR ISL. FL	24 CITY ST ZIP	B. Harbor FL 33154
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	RAHEB, MITRA	32 NAME	
STREET ADDRESS	10185 COLLINS AVE #601	33 STREET ADDRESS	
CITY ST ZIP	BAY HARBOR ISL. FL	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	RAHEB, MOHAMMAD	42 NAME	
STREET ADDRESS	10185 COLLINS AVE #601	43 STREET ADDRESS	
CITY ST ZIP	BAY HARBOR ISL. FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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 correct 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: Babak Raheb 4/22/95 305-866-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0206929 CP