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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K81575

(8)

1. Corporation Name

M.B.M. LES SAVOIE, INC.

Principal Place of Business

10185 COLLINS AVE. #601
BAY HARBOR FL 33154

Mailing Address

10185 COLLINS AVE. #601
BAY HARBOR FL 33154-1631

3. Date Incorporated or Qualified
04/21/1989

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 17038 Collins Ave
Suite, Apt. #, etc.

22 City & State

23 Miami

24 Zip

33160

Country

25 Date

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P PAHLAVANIAN, PARVIN ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
10185 COLLINS AVE #601
BAY HARBOR ISL. FL

TITLE DV RAHEB, BABAK ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
128 BALFOUR DRIVE
BAY HARBOR ISL. FL

TITLE DS RAHEB, MITRA ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
10185 COLLINS AVE #601
BAY HARBOR ISL. FL

TITLE DT RAHEB, MOHAMMAD ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
10185 COLLINS AVE #601
BAY HARBOR ISL. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

CR2E034 (9/96)