

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K81575** (8)
1. Corporation Name
M.B.M. LES SAVOIE, INC.



Principal Place of Business
**17088 COLLINS AVE
MIAMI FL 33166
US**

Mailing Address
**10185 COLLINS AVE. #601
BAY HARBOR FL 33154**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/21/1989	
25		30		4. FEI Number 65-0454447	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	L.G.O.
NAME	PAHLAVANIAN, PARVIN	1.2 NAME	Babak Rahel
STREET ADDRESS	10185 COLLINS AVE #601	1.3 STREET ADDRESS	128 Balfour Dr.
CITY-ST-ZIP	BAY HARBOR ISL. FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	DV	2.1 TITLE	
NAME	RAHEB, BABAK	2.2 NAME	
STREET ADDRESS	128 BALFOUR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	RAHEB, MITRA	3.2 NAME	
STREET ADDRESS	10185 COLLINS AVE #601	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	RAHEB, MOHAMMAD	4.2 NAME	
STREET ADDRESS	10185 COLLINS AVE #601	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: **G. Rahel** **9/17/98** **(30) 919-7348**

CR2E034 (10/97)