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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:29

DOCUMENT # K87539 (8)

1. Corporation Name
JAZAYRI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2401 SW 31ST AVE PEMBROKE PARK FL 33009-2024 US	2401 SW 31ST AVE PEMBROKE PARK FL 33009-2024 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1989
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21 36 N.E. 1st Street	26 36 N.E. 1st Street
Suite, Apt. #, etc. 22 612 Seybold Bldg.	Suite, Apt. #, etc. 27 612 Seybold Bldg.
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33132-2418 Country 25 Dade	Zip 29 33132-2418 Country 30 Dade

4. FEI Number: 65-0131677 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAZAYRI, MAHMOOD SAM 2401 SW 31ST AVE PEMBROKE PARK FL 33009	81 Name: SOLEYMANI, MOHAMMAD ALI 82 Street Address (P.O. Box Number is Not Acceptable): 5850 S.W. 100th Terrace 83 84 City: Miami FL 85 Zip Code: 33156

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: Mohammad Ali Soleymani, D. ✓ Ali Soleymani (NOTE: Registered Agent signature required when reinstating) ✓ DATE: 1-26-95
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	JAZAYRI, SAM	1.2 NAME	SOLEYMANI, MAHIN SARDI
STREET ADDRESS	2401 SW 31ST AVE	1.3 STREET ADDRESS	36 N.E. 1st Street, 612 Seybold Bldg.
CITY-ST-ZIP	PEMBROKE PARK FL	1.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	JAZAYRI, SAM	2.2 NAME	SOLEYMANI, MOHAMMAD ALI
STREET ADDRESS	2401 SW 31ST AVE	2.3 STREET ADDRESS	36 N.E. 1st Street, 612 Seybold Bldg.
CITY-ST-ZIP	PEMBROKE PARK FL	2.4 CITY-ST-ZIP	Miami, FL 33132
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE: ✓ Ali Soleymani ✓ 1-26-95 305-372-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077618 CP