FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L43668** **(7)**

1. Corporation Name

SHAHRDAR CORP.

Principal Place of Business	Mailing Address
1050 NW LEJEUNE RD MIAMI FL 33126	1050 NW LEJEUNE RD MIAMI FL 33126

3. Date Incorporated or Qualified: **01/19/1990**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number: **65-0166091** ☐ 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

SHAHRDAR, KEYVAN
525 SANTANDER #4
MIAMI FL 33134

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAHRDAR, KEYVAN		1.2 NAME	
STREET ADDRESS	525 SANTANDER #4		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAHRDAR, CAMBIZE		2.2 NAME	
STREET ADDRESS	525 SANTANDER # 4		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCISCO GONZALEZ		3.2 NAME	
STREET ADDRESS	10338 N.W. 32 CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EDITH SHAHRDAR		4.2 NAME	
STREET ADDRESS	45 ANTILLA # 2K		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE	AS	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FARIDEH SHAHRDAR		5.2 NAME	
STREET ADDRESS	2254 SW 93CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JANINA SHAHRDAR		6.2 NAME	
STREET ADDRESS	2254 SW 93CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: Janina Shahrdar 5-01-96 305-448-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #