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Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L43668

(7)

1. Corporation Name  
SHAHRDAR CORP.

Principal Place of Business  
1050 NW LEJEUNE RD  
MIAMI FL 33126

Mailing Address  
1050 NW LEJEUNE RD  
MIAMI FL 33126-3645



3. Date Incorporated or Qualified 01/19/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0166091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	Shahrdar, Keyvan
82 Street Address (P.O. Box Number is Not Acceptable)	1050 NW 42 Ave. (Le Jeune Rd)
83	miami FL 33126
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCI	1.1 TITLE	DCI; P
NAME	SHAHRDAR, KEYVAN	1.2 NAME	Keyvan S hahrdar
STREET ADDRESS	525 SANTANDER #4	1.3 STREET ADDRESS	1050 NW 42 AVE. (Le Jeune Rd)
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	miami FL 33126
TITLE	P	2.1 TITLE	
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	S	3.1 TITLE	
NAME	EDITH SHAHRDAR	3.2 NAME	
STREET ADDRESS	45 ANTILLA # 2K	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)