

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # M62872 (0)  
1. Corporation Name  
CASPIAN DEVELOPMENT INC.



Principal Place of Business C/O HAMID R. ABBASSI 2000 S. DIXIE HWY., STE. 100 MIAMI FL 33133	Mailing Address C/O HAMID R. ABBASSI 2000 S. DIXIE HWY., STE. 100 MIAMI FL 33133
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 11/23/1987	
29		30		4. FEI Number 65-0275179	
31		32		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33		34		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
35		36		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ABBASSI, HAMID R.  
2000 S. DIXIE HWY  
SUITE 100  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	Same
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

*Dr. Hamid R. Abbassi*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ABBASSI, HAMID R.	1.2 NAME	ABBASSI, HAMID R.
STREET ADDRESS	2000 S. DIXIE HWY. #100	1.3 STREET ADDRESS	2000 S. Dixie Hwy #100
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL
TITLE	VD	2.1 TITLE	VD
NAME	ABBASSI, R.	2.2 NAME	ABBASSI, Mike
STREET ADDRESS	2000 S. DIXIE HWY. #100	2.3 STREET ADDRESS	2000 S. Dixie Hwy #100
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL
TITLE	STD	3.1 TITLE	STD
NAME	ABBASSI, HAMID R.	3.2 NAME	ABBASSI, HAMID R.
STREET ADDRESS	2000 S. DIXIE HWY. #100	3.3 STREET ADDRESS	2000 S. Dixie Hwy
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL
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 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 amendment with an address.

SIGNATURE: *Dr. Hamid R. Abbassi*

3/9/98 (305) 851-5887

CR2E034 (10/97)