FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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	1996		Di	Secretary VISION OF CC		ΙÓΙ	NS) (D)	31118			
DOCUN 1. Corporation		# M8979	7	(8)		7					
•		RIORS, INC.									
Principal Place of Business Mailing Address											A BIDII OFOII SOOI
8300 N. W. S MIAMI FL 33		#10 6		. 53\$T, SUITE	#10 6						
MIMMI FL 33	100		MIAMI FL	33100				3. Date Incorporated or Qualified	3a. Date	of Last F	
	.,							07/11/1988		/01/19	
2. Principal Pla 21	ace of Busine	ess	2a. Mailing A	2a. Mailing Address				4. FEI Number 65-0067066			Applied For
Suite, Apt. :	#, etc.		Suite, Ap	t.#, elc.				Certificate of Status Desired	r		Not Applicable 5 Additional
22	*** *** ***** *** *** **	* 100 **** 0 100 to 120 10 10 10 10 10 10 10 10 10 10 10 10 10	27							Fee	Required
City & State	!		City & St.	ate				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζ ₁ ρ		Country 25	Zip		Gountr	 У		8. This corporation has liability for i			
24	9. Name	and Address of Current			, j		*********	10. Name and Address of New R		gent	
					81	1	Name				
	iuzi, shah N 53RD st						Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
#106	ופ שחנפ או				83	3	***************************************	MALE 1- 14 1989 A-84 (1 = 1-14 14 14 14 14 14 14 14 14 14 14 14 14 1			
MIAMI F	L 33166			84 City			City	77 11 (1744) 7 (1841) 7 (18		85 Z	ip Code
44 5	- N		1000 1500 5						FL		•
or register	o the provision and agent, or	ons of Sections 607.0502 a both, in the State of Florida of the obligations of, Sectio	and 607,1508, Fi a. Such change v so enzigens. Flor	onga Statutes, vas authorized l ido Statutos	the above by the corp	-na po	amed corpora pration's board	ation submits this statement for the pur of of directors. I hereby accept the appo	pose of cha pintment as	ng:ng its registered	registered office d agent. I am
SIGNATURE	n, and acce	of the conganons or, accur	iri 607.0003, 1101	ica otalities							
	Signature, typical	or printed name of registered agent a OFFICERS AND	and the second of the second of the second	(NOTE:)	Registered Age	ent	signature required	when reinstating' ADDITIONS/CHANGES TO OFFI	DATE CEDE AND	DIDECTO	3DC IN 10
TITLE	PST	OF FIGERS AND	the second of the second	DELETE	1, 1 1/TLE		T	ADDITIONS/CHANGES TO OFFI		1 Change	Addition
NAME		OUZI, SHAHRDAD			1.2 NAME						
STREET ADDRESS	8300 N	W 53RD ST, #106			1.3 STREE	ET A	address				
CITY-ST-ZIP	MIAMI F	L			1.4 CITY-	-S1	- ZIF				
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NAME		OUZI, SHAHRDAD			2 2 NAME						
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NAME	ļ				€ 2 NAME						

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 13 if changed or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - S! - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #