


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 19 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE   |
|  |   | Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |

DOCUMENT # N96000001014 (7)

1. Corporation Name

IRANIAN CULTURAL ASSOCIATION, INC.

|   |   |
|---|---|
| Principal Place of Business             | Mailing Address                         |
| 1373 TADSWORTH PL.<br>HEATHROW FL 32746 | 1373 TADSWORTH PL.<br>HEATHROW FL 32746 |



DO NOT WRITE IN THIS SPACE

|                                |  |                          |  |   |  |   |  |
|--------------------------------|--|--------------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address      |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21 440 Eagle CR.               |  | 26 440 Eagle CR.         |  | 02/26/1996  |  | N/A   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.      |  | 4. FEI Number   |  | Applied For   |  |
| 22                             |  | 27                       |  | 59-3381968  |  | Not Applicable  |  |
| City & State                   |  | City & State             |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
| 23 CASSELLBERRY, FLORIDA       |  | 28 CASSELLBERRY, FLORIDA |  | 6. Election Campaign Financing Trust Fund Contribution  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| Zip                            |  | Country                  |  | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24 32707                       |  | 25                       |  | 29 32707  |  | 30  |  |

9. Name and Address of Current Registered Agent

SALEHI, SIMEEN  
1373 TADSWORTH PL.  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

|   |                  |
|---|------------------|
| 81 Name   | MASOUD NOGHREKAR |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 440 Eagle CR.    |
| 83  |                  |
| 84 City   | Cassellberry     |
| 85 Zip Code   | FL 32707         |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Masoud Noghrekar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-14-97

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SALEHI, SIMEEN                               | 1.2 NAME  | MASOUD NOGHREKAR   |
| STREET ADDRESS             | 1373 TADSWORTH PL.                           | 1.3 STREET ADDRESS                                    | 440 Eagle CR.  |
| CITY-ST-ZIP                | HEATHROW FL 32746                            | 1.4 CITY-ST-ZIP                                       | CASSELLBERRY FL 32707  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | HOWELL, MAHVASH                              | 2.2 NAME  | RHOSRO ALLASYAND   |
| STREET ADDRESS             | 12864 MARLBOROUGH CIR.                       | 2.3 STREET ADDRESS                                    | 1575 LAWDALIE CR.  |
| CITY-ST-ZIP                | ORLANDO FL 32828                             | 2.4 CITY-ST-ZIP                                       | WINTER PARK FL 32792   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | ALBEKORD, NARGES                             | 3.2 NAME  |  |
| STREET ADDRESS             | 1053 PALADIN CT.                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32812                             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | VARZEGHAR, SHIDEH                            | 4.2 NAME  |  |
| STREET ADDRESS             | 1032 HOWELL BRANCH RD.                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER PARK FL 32789                         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | DAVOODIAN, MARYAM                            | 5.2 NAME  |  |
| STREET ADDRESS             | 2216 FAIRGLEN WAY                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER PARK FL 32792                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

9-14-97

CR2E037 (4/97)