## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** 

N96000004439 (3)

IRANIAN PROFESSIONALS ASSOCIATION OF SOUTH FLORI DA, INC.

Principal Place of Business

Mailing Address

10910 SW 140 AVE

10910 SW 140 AVE

## **FILED** Mar 13 1997 8:00am Secretary of State



MIAMI FL 33186		MIAMI FL 33186-3257			
				3. Date Incorporated or Qualified 08/26/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 722	5 N.W. 12 St.	26 IPASF			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 72255 N.V	N. 12 St.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Mia		28 Miami 1		Trust Fund Contribution	Added to Fees
<sup>Zip</sup> 33	126 25 Dade	7ip 29 33126 30	Country Dade	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes Yo
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Re	
	<u> </u>		B1 Name	Dr. S. E. Beladi	
201 FAG	HARLA G		55 0		1-1
ZOLFAGHARI, A G 10910 SW 140 AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable 40 22 South Cy Po	ress Drive
MIAMI FI			83		
			84 City T	Dompano Beach	85 Zip Code
44 5	60-6-617.0500	and C47 4000 Flacido Ctatuta			FL   330 64
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State i	e and 617.1508, Florida Statutes of Florida Such change was aut	, the above-named o horized by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	of the appointment as registered
agent La			da Statutes.		1 4 63
SIGNATURE .	Signature: types or printed harve of registered ager	t and like it applicable (NO1E: F	Registered Agent signature re	equired when reinstating)	rch 01, 97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE	Director	Change Addition
NAME	ZOLFAGHARI, A G		1.2 NAME	Beladi, S.E.	ì
STREET AUDRESS	10910 SW 140 AVE		1.3 STREET ADDRESS	4022 South Cypress Dri Pompano Beach, Fle	ve
CITY - ST- ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	Pampano Beach, Flo	mida 33069
TITLE	D	☐ DELETE	2.1 TITLE	president 10	Change Addition
NAME	HAJJAR, MOHAMMAD		2.2 NAME	REZA BAIAII	
STREET ADDRESS	8825 SW 97 TERRACE		2.3 STREET ADORESS	7215 N.W 12 ST	ļ
CITY-S1-ZIP	MIAMI FL 33176		2. 4 CITY - ST-ZIP	MIAMI, FL 3312 1	
Ditt	D	☐ DELETE	3 1 TITLE		Change Addition
NAME	MOMAYEZ-ZADEH, MAJID		32 NAME		
STREET ADDRESS	1901 BRICKELL AVE BLDG 10	03	3 3 STREET ADDRESS		
CITY-ST ZIP	MIAMI FL 33129	- Laboure	3.4. CITY - ST - ZIP	<u> </u>	
TIPLE	D	DELETE	4.1 TITLE		Change Addition
NAME	AFKHAM, TAGHI		4. 2 NAME		ļ
STREET ADDRESS	12843 SW 20 TERRACE		4.3 STREET ADDRESS		ļ
City-ST-7/P	MIAMI FL 33175	DELETE	4.4 CITY-ST-ZIP		Change Addition
THILE	OHO MIC IDA I	FAL DETRIE	5.1 TITLE		□ cuands □ voquion
NAME	SHOJAIE, IRAJ		5.2 NAME		
STREET ADDRESS	12320 SW 1 STREET		5.3 STREET ADDRESS		
CITY - 51 - ZIP TITLE	PLANATATION FL 33320	DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE		Change Addition
		☐ Otter	6.2 NAME		CT countries CT wantion
NAME CARLAN ACCORNOR					
STREET ADDRESS			63 STREET ADDRESS		
City-ST-7f		I the state of the	64 CITY - ST - ZIP	and in Continue \$10.07/2(i). Florido Chatato	- 15 - N

I do hereby certify that the information supplied with this filling 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.

Marchol, 57
Davilme Prone # 0027783