


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 13 1998 8:00am  
Secretary of State

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

DOCUMENT # N96000004439 (3)

1. Corporation Name

IRANIAN PROFESSIONALS ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

7225 N.W. 12 ST.  
MIAMI FL 33126  
US

IPASF  
7225 N.W. 12 ST.  
MIAMI FL 33126  
US

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. S.E. BELADI  
4022 SOUTH CYPRESS DR.  
POMPANO BCH FL 33069

81 Name

MS. Azam Nemati

82 Street Address (P.O. Box Number is Not Acceptable)

4000 Cypress Grove Way  
#406

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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, am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME BELADI, S.E.  
STREET ADDRESS 4022 S. CYPRESS DR.  
CITY-ST-ZIP POMPANO BCH FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Masoud Hassan-Zadeh  
1.3 STREET ADDRESS 1370 West Golf-view Dr.  
1.4 CITY-ST-ZIP Hollywood, FL 33026

TITLE ☐ DELETE

NAME PD  
REZA JALALI  
STREET ADDRESS 7215 N.W. 12 ST.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Director  
Ghassem Zolfaghari  
2.3 STREET ADDRESS 10910 SW 140th Ave.  
2.4 CITY-ST-ZIP Miami, FL 33186

TITLE ☐ DELETE

NAME MOMAYEZ-ZADEH, MAJID  
STREET ADDRESS 1901 BRICKELL AVE BLDG 1003  
CITY-ST-ZIP MIAMI FL 33129

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 09, 98 (954) 978-0465

Date

Daytime Phone #

CR2E037 (5/98)