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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004439**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/26/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number ~~APPLIED FOR~~ 65-0806047 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired — ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MS. AZAM NEMATI 4000 CYPRESS GROVE WAY #406 POMPANO BCH FL 33069	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President (D)	☐ Change ☒ Addition
NAME	HASSAN-ZUDEH, MASOUD		1.2 NAME	Alireza Malek	
STREET ADDRESS	1370 W GOLF-VIEW DR		1.3 STREET ADDRESS	7225 NW 12 St.	
CITY-ST-ZIP	HOLLYWOOD FL 33026		1.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	PD	☒ DELETE	2.1 TITLE	VP (D)	☐ Change ☒ Addition
NAME	REZA JALALI		2.2 NAME	Azam Nemati	
STREET ADDRESS	7215 N.W. 12 ST.		2.3 STREET ADDRESS	4000 Cypress Grove Way #406	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MOMAYEZ-ZADEH, MAJID		3.2 NAME	Masoud Hassanzadeh	
STREET ADDRESS	1901 BRICKELL AVE BLDG 1003		3.3 STREET ADDRESS	1370 W. Golfview Drive	
CITY-ST-ZIP	MIAMI FL 33129		3.4 CITY-ST-ZIP	Hollywood, FL 33026	
TITLE	D	☒ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	ZOLFAGHARI, GHASSEM		4.2 NAME	Hamid Salehi	
STREET ADDRESS	10910 SW 140TH AVE		4.3 STREET ADDRESS	7225 NW 12 St.	
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	5.1 TITLE	Treas. (D)	☐ Change ☒ Addition
NAME			5.2 NAME	Ali Mahalati	
STREET ADDRESS			5.3 STREET ADDRESS	7225 NW 12 St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/10/99 (954) 429-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #