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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006603 (1)**

1. Corporation Name

**IRANIAN HERITAGE FOUNDATION, INC.**

Principal Place of Business

**880 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176**

Mailing Address

**880 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176**

3. Date Incorporated or Qualified

**11/21/1997**

4. FEI Number

**59-3491169**

Applied For  
Not Applicable

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**30 Country**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**KATZ, PAUL B ESQ.  
1 FLORIDA PARK DRIVE SOUTH  
ATRIUM SUITE  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ASLANI-FAR, ABBAS M.D.**  
STREET ADDRESS **880 RIVERSIDE DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ DELETE

NAME **ASLANI-FAR, AFSAR**  
STREET ADDRESS **80 RIVERSIDE DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☒ DELETE

NAME **KATZ, B PAUL**  
STREET ADDRESS **1 FLORIDA PARK DR. SOUTH ATRIUM SUITE**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

4.2 NAME **BIJAN VASIGH, PH.D.**  
4.3 STREET ADDRESS **114 SHADOW CREEK WAY**  
4.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition

5.2 NAME **SHAHRAM AMIRI, PH.D.**  
5.3 STREET ADDRESS **623 NORTH AMELIA AVENUE**  
5.4 CITY-ST-ZIP **DELAND, FL 32724**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **ALI KASHFI, M.D.**  
6.3 STREET ADDRESS **597 MAITLAND AVENUE**  
6.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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:

*A. S. Farmanfar*

CR2E037 (10/97)