

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002838 (9)

1. Corporation Name
SHIRAZI, INC.



Principal Place of Business

Mailing Address

7135 COLLINS AVE
SUITE 1136
MIAMI BEACH FL 33141
US

7135 COLLINS AVENUE
SUITE 1136
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1993

4. FEI Number

65-0555132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 MIAMI BEACH

26 7135 COLLINS AV # 1136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1136

27 1136

City & State

City & State

23 MIAMI BEACH

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33141

25 FL

29 33141

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRAZI, RAHAMIM
7135 COLLINS AVE
SUITE 1136
MIAMI BEACH FL 33141

B1 Name

RAHAMIM SHIRAZI

B2 Street Address (P.O. Box Number is Not Acceptable)

7135 COLLINS AV # 1136

B3

B4 City

MIAMI BEACH

FL

B5 Zip Code

33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Rahamin Shirazi

(NOTE: Registered Agent signature required when reinstating)

1.6.98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHIRAZI, RAHAMIN
STREET ADDRESS 7135 COLLINS AVENUE #1136
CITY-ST-ZIP MIAMI BEACH FL 33141

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rahamin Shirazi

1.6.98

CR2E034 (10/97)