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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050053 (6)

COOPER CREDIT AND COMMERCE INTERNATIONAL, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address %11330 S.W. 115TH TERRACE %11330 S.W. 115TH TERRACE MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0456249 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip B. This corporation owes or has paid the current year Intangible □ No 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOGHADDAM, ANVAR B 11330 S.W. 115 TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33176** В3 City 85 Zip Code

office or registered agent, for this, in the state that for its sale state agent. I am familiar with, an interest of the provided agent. I am familiar with, an interest of the appointment as registered agent. I am familiar with, an interest of the appointment as registered agent. I am familiar with, an interest of the appointment as registered.					
SIGNATURE		,,,		<b>△/</b> / ( •	95
SIGNATURE Signature, byted or planted name of registered agent and little if Applitudality. (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	VP	DELETE	1.1 TOTLE	Change	Addition
NAME	BEHNAM BASHIRI		1.2 NAME		,
STREET ADDRESS	11330 S.W. 115 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TOLE	VP	DEŁETE	2.1 71TLE	Change	Addition
NAME	ROSA LINA COBIAN		2.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		2. 4 CITY - \$1 - ZIP		
TITLE	V/P	DELETE	3.1 T(TLE	☐ Change	Addition
NAME	Mohsen Khatibi		3.2 NAME		
STREET ADDRESS	1050 95 ST #8		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL 33154		3.4. CITY-ST-ZIP		,
TITLE	V/P	DELETE	4.1 TITLE	☐ Change	Addition
NAME	KUROSH B. MOGHADDAM		4. 2 NAME		i
STREET ADDRESS	11330 SW 115 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		4.4 C/TY-ST-ZIP		
TITLE	VP	DELETE	5.1 TITLE	Change	Addition
NAME	Moghaddam, Kambiz B.		5.2 NAME		
STREET ADDRESS	11330 SW 115 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VP	DELETE	6.1 T(TLF	☐ Change	Addition
NAME	TRAPAGA, MAGGIE		6.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD		63 STREET ADDRESS		

6.4 CITY - ST- ZIP 14. I 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 this register or trustee empowered to execute this report as received by Orapiter 507, Florida Statutes; find that my name appears in