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

2a. Mailing Address

City & State

Zip

Corne Sahar OFPARVER SABETT

Suite, Apt. #, etc.

26

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PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069174 (9)

PARIS INVESTMENTS CORPORATION

Principal Place of Business Mailing Address

132 E. COLOMAL DR. 132 E. COLOMAL DR.
SUITE 206 SUITE 206
CRLANDO FL ORLANDO FL

9. Name and Address of Current Registered Agent

Country

FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

407-4268545

Not Applicable

3. Date incorporated or Qualified

10/05/1993

59-3207289

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

2-2-98

132 E. COLONIAL DR.			ļ					4
ORLANDO FL 32802			82	Street	Address (P.O. Box Number is Not Acceptable)			1
Uni	ANDO FL 32002		83					┨
			L					_
			84	City		FL 85 Zip C	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					corporation submits this statement for the pure		s 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 607.0505. Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12	15
TITLE	DP	DELETE	1.1 TITLE			Change	Addition	[\$
NAME	SABETI, PARVIZ		1.2 NAME					13
STREET AGORESS	132 E. COLONIAL DR., SUITE 206		1.3 STREE	ADDRESS				{
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	ST-ZIP	1			[5
TITLE	Vī	DELETE	2.1 TITLE			Change	Addition	ļ٥
NAME	SABETI, PARDIS		2.2 NAME					
STREET ADDRESS	132 E. COLONIAL DRIVE, SUITE 206		2.3 STREE	ADDRESS	1	م		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP		•		1
TITLE	S	DELETE	3.1 TITLE			Change	Addition	1
NAME	SABETI, PARISA		3.2 NAME					
SYREET ADDRESS	132 E COLONIAL DR		3.3 STREE	ADDRESS				1
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY -	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	1
NAME			4. 2 NAME		1			
STREET ADDRESS			4.3 STREET	ADDRESS	}			1
CITY - ST - ZIP			4.4 CITY - 5	T-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	1
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	<u> </u>			
CITY-ST-ZIP			5.4 CITY - 9	ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	1
NAME			6.2 NAME					ĺ
STREET ADDRESS			6.3 STREET	ADDRESS				Į
CITY-ST-ZIP			6.4 CITY - S					
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 13 if changed, or on an attachment with an address.								
and the second s								

Country

81 Name

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