

CORPORATION
ANNUAL REPORT

1994/1995



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CASPIAN INTERNATIONAL INC.
DOCUMENT #
P94000002326

Main Address
**11940 US HWY 1
N. PALM BEACH, FL. 33408**
Principal Place of Business
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JAN 3, 1994
3a. Date of Last Report

4. FEI Number
65-0461173
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐
6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐
**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Mailing Address
21. State Apt # etc
22. City & State
23. Zip
24. Country
25. State Apt # etc
26. City & State
27. Zip
28. Country
29. State Apt # etc
30. City & State
31. Zip
32. Country

9. Name and Address of Current Registered Agent
**GHOlam REZA NEMATI
1750 N. CONGRESS AVE. #301C
WEST PALM BEACH, FL. 33401**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
1.5
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct and that the information supplied is deemed exempt from public access. I further certify that the information included 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. I have fulfilled all obligations concerning unclaimed property reported by Chapter 217, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: **G. R. Nemat** - **GHOlam REZA NEMATI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (407) 625-6380
Date
Office