

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 25 PM 4:27

DOCUMENT # P94000023682 (5)

1. Corporation Name
CHANSEL, INC.

Principal Place of Business
**342 PARK AVENUE N
WINTER PARK FL 32789**

Mailing Address
**342 PARK AVENUE N
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report
4. FBI Number 59-322-7956	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	
SHOSHTARI, ROZITA 342 PARK AVENUE N WINTER PARK FL 32789	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, last the 9 applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RO	1.1 TITLE	Rozita Shoshtari ☐ Change ☒ Addition
NAME		1.2 NAME	President, director
STREET ADDRESS		1.3 STREET ADDRESS	3832 Bentford Ct OKI FL 32817
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Secretary, director ☐ Change ☒ Addition
NAME		2.2 NAME	Nader Shoshtari
STREET ADDRESS		2.3 STREET ADDRESS	7716 Wicklow Cir OKL FL 32817
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	Nyhdas Sadiqi, director
STREET ADDRESS		3.3 STREET ADDRESS	906 S Highland St LA CA 90036
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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; that 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:

(Signature and typed or printed name of signing officer or director)

Rozita Shoshtari

Date

1/19/95

(Typed Name)