FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:52

DOCUMENT # P94000025854 (8)

1. Corporation Name
KASHMIER TOYS CORP.

Principal Place of Business
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

Mailing Address
POST OFFICE BOX 281
ORLANDO FL 32802-0281

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 % Amir Moghaddami	26
Suite, Apt. #, etc. 22 P.O. Box 281	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28
Zip 24 32802 Country 25 U.S.A.	Zip 29 Country 30

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report: None
4. FEI Number: 593234769 — 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

9. Name and Address of Current Registered Agent

CAPOUANO, ALBERT D
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Amir Moghaddami
82 Street Address (P.O. Box Number is Not Acceptable): 7710 Water Oak Court
83
84 City: Kissimmee FL 85 Zip Code: 34747

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 1/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	MOGHADDAMI, AMIR H	1.2 NAME	Amir Moghaddami
STREET ADDRESS	1817 SOUTH KIRKMAN ROAD, APT. 1526	1.3 STREET ADDRESS	7710 Water Oak Court
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	Kissimmee, FL 34747
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
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)(k), 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: [signature] (Signature and typed or printed name of signing officer or director) 1/26/95 (Date) (407)3967222 (Daytime Phone #)

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