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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

> Secretary of State DIVISION OF CORPORATIONS

P94000025854 (8) DOCUMENT #

1. Corporation Name

KASHMIER TOYS CORP.

**FILED** May 01 1996 8:00 am **Secretary of State** 

-	, MERLI ODIN DEHIO ILOON	BJABA BBABA BANKA BABA 1991

			·					
Principal Place of	f Business	Mailing Address						
C/O AMIR MO	DGHADDAMI	POST OFFICE BOX 28						
P O BOX 281		ORLANDO FL 32802-0	281			3a. Date of La	at Donort	
ORLANDO FL US	32002				3, Date Incorporated or Qualified 03/30/1994		1995	
					4. FEI Number	02,00	Applied F	For
2. Principal Plac	e of Business	2a. Mailing Address			59-3234769	-	Not Appl	
1 Cuito Act #	oto .	Suite, Apt. #, etc.			Certificate of Status Desired		.75 Additio	
Suite, Apt. #,	eic.	27			5. Certificate of Status Desired		ee Required	d
City & State		City & State			6. Election Campaign Financing	1.1	5.00 May E	
3		28			Trust Fund Contribution		dded to Fee	
Zip	Country	Zip	Coun	itry	8. This corporation has liability for in Florida Statutes Xi Yes	ntangiole tax uno No	E 5 199.00	Σ,
<u></u>	25 9. Name and Address of Current	29 Penietered Agent	[30]		10. Name and Address of New R		t	
	9. Name and Address of Current	Negistered Agent		81 Name				
MOONA	DOMES AMID		-	P5 Object Add	ress (P.O. Box Number is Not Acceptab	le)		
7710 W	DDAMI, AMIR ATER OAK COURT			82 Street Add	tens ( .O. Elimination			
SUITE 1			Ī	83				
	MEE FL 34747		}	84 City		85	Zin Code	
			i i	'	ration submits this statement for the pur and of directors. I hereby accept the appr	FL  °°		al affice
SIGNATURE _	Signature, typed or printed name of registered agent i OFFICERS AND	DIRECTORS	13.	Agent's gnature require	ADDITIONS/CHANGES TO OFF		CTORS IN	12
12.				71.0		Ch	ange 🖬 A	ddition
TITLE	D	<b>∑</b> I DELETI	1, 1 TI	11.1	Officer, Director	[] (iii	W,	
	MOGHADDAMI, AMIR H	XI DECEIL	1.1 II 1.2 N/	AME [	BHASKAR M. POT	_	w.g. <b>X</b> ,	
NAME	MOGHADDAMI, AMIR H 7710 WATER OAK COURT	<b>X</b> I prren	1.2 N/ 1.3 ST	AME [	BHASKAR M. POT	EL	***** <b>%</b>	
name Street address	MOGHADDAMI, AMIR H		1.2 NA 1.3 ST 1.4 CI	REFT ADDRESS ]		EL 2		Addition
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certify that the information indicated on this annual report of supplemental annual report is the and become and that his signature of oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chappears in Block 12 or Block 13 it entryged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR