

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:11

DOCUMENT # P94000036034 (4)

1. Corporation Name
MASHAD INC.



Principal Place of Business
444 BRICKELL AVE
STE 51-285
MIAMI FL 33131
US

Mailing Address
444 BRICKELL AVE
STE 51-285
MIAMI FL 33131
US

Correction

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0690182
APPLIED FOR

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
ARMA, EHSAN
444 BRICKELL AVE
STE 51-285
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
Benjamin R. JACOB
ES9
82 Street Address (P.O. Box Number is Not Acceptable)
1313 NE 125 ST
83
84 City
N. MIAMI
FL 85 Zip Code
33161

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 *Benjamin R. Jacob* *Benjamin Jacob* 8/1/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ARMA, EHSAN	444 BRICKELL AVE STE 51-285	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	ARMA, EHSAN		

000001946280
-03/12/96-01108-013
****225.00 ****225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ehsan Arma - P* 8/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)