PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000042301 (9)

CIRCLE A-4, INC. Principal Place of Business Mailing Address 7030 PEMBROKE RD 7030 PEMBROKE RD MIRAMAR FL 33023 MIRAMAR FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1994 08/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0499503 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199,032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAHMAT VALLIANI YASIN, AMIR Street Address (P.O. Box Number is Not Acceptable) 82 7030 PEMBROKE RD 83 MIRAMAR FL 33023 7030 PEMBROKE 84 City 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 rogistered agent for 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 adout 10 benefit on 507.0505, Florida Statutes. PRESIDENT RAHMAT VALLIANI SIGNATURE / 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.17016 PRESIDENT Change Addition YASIN, AMIR RAHMAT VALLIAM NAME 1.2 NAME 7030 PEMBROKE RD. 7030 PEMBROKE RD STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FC 33023. MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE V.P. TITLE 2.1 TITLE Change : ☐ Addition SHAKIL SHERALÎ AHSAN, ISRAELI NAME 2.2 NAME 14213 SW 90TH TERR 7030 PEMBROKE RD. STREET ADDRESS 2.3 STREET ADDRESS MIRAMAR FL 33023. **MIAMI FL 33186** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4 1 THILE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP □ DELETE TITLE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 12 if that ged, or on an attachment with an address.

SIGNATURE:

KAHMAT VALLIANI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on an attachment with an address.

n 03-01-96

954-964-9771

Daytime Phone #

CR2E034 (12/95)