

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 7:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000045969

1. Corporation Name

Shamrock Plaza Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
6-21-94

3a. Date of Last Report
1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 4727 N. Monree Street

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 Tallahassee, FL

24 Country 29 32303 30 Leon

4. FEI Number

59-3249020

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

10. Name and Address of New Registered Agent

Mehrdad Ghazvini
6000 Boynton Blvd
Tallahassee, Florida 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President / Director ☐ DELETE
NAME Hossein Ghazvini
STREET ADDRESS 4515 High Grove Road
CITY- ST- ZIP Tallahassee, Florida 32308

TITLE Vice President/Director ☐ DELETE
NAME Behzad Ghazvini
STREET ADDRESS 7516 Preservation Road
CITY- ST- ZIP Tallahassee, Florida 32312

TITLE Vice President/ Director ☐ DELETE
NAME Mehran Ghazvini
STREET ADDRESS 2910 Royal Palm Way
CITY- ST- ZIP Tallahassee, Florida 32308

TITLE Secretary /Treasurer ☐ DELETE
NAME Mehرداد Ghazvini
STREET ADDRESS 6000 Boynton Blvd
CITY- ST- ZIP Tallahassee, Florida 32312

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)