FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000067715

1. Corporation Name

PARY CORP. OF THE PALM BEACHES

Principal Place of Business	Mailing Address
14683 S. MILITARY TR DELRAY BCH FL-33445	7380 OAKBORO DR LAKEWORTH FL33467

2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 9-14-94
3a. Date of Last Report: -
4. FEI Number: 65-0516172 — 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 income tax under s. 199 U.S.C. Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MOHAMMAD-R. FARHANGI
7380 OAKBORO DR,
LAKE WORTH FL-33 467

10. Name and Address of New Registered Agent

81 Name: MOHAMMAD. R. FARHANGI
82 Street Address (P.O. Box Number is Not Acceptable)
83 7380 OAKBORO DRIVE
84 City: LAKE WORTH FL 85 Zip Code: 33467

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR MOHAMMAD. R. FARHANGI 7380 OAKBORO DR LAKE WORTH FL-33467	[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR PARIVASH FARHANGI 7380 OAKBORO DR LAKE WORTH FL-33467	[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP		[ ] Change [ ] Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP		[ ] Change [ ] Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP		[ ] Change [ ] Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP		[ ] Change [ ] Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	400001788564 -04/22/96--01033--020 ***200.00	[ ] Change [ ] Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP		[ ] Change [ ] Addition

ACR
4-21-96

CR2E034 (12/95)

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)(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: M. R. Farhangi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 407-495-6333
Date Daytime Phone Number