

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000077199 (5)**

1. Corporation Name

PAKRIS IMPORT AND EXPORT INC.

Principal Place of Business

**PARVEZ AMIRI
332 NW 43RD ST
POMPANO BEACH FL 33064**

Mailing Address

**PARVEZ AMIRI
332 NW 43RD ST
POMPANO BEACH FL 33064**

FILED

95 JUL 11 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

4. FEI Number

65-0582713

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**

5. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 4114 BAY LAUREL WAY

Suite, Apt. #, etc.

2a. Mailing Address

26 4114 BAY LAUREL WAY

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

24 33487

Country

25 PALM BEACH

City & State

28 BOCA RATON FL

Zip

29 33487

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

**EARLEY, ELAINE
4699 N FEDERAL HWY
SUITE 101
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

SEYED HASSAN SADROLGHARAVI

82

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

4114 BAY LAUREL WAY

83

84

City

BOCA RATON

FL

85 Zip Code

33487

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 607.0502, Florida Statutes.

SIGNATURE **x S.H. Sadrolgharavi**

Signature, typed or printed name of registered agent and corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT & DIRECTOR
SEYED HASSAN SADROLGHARAVI
4114 BAY LAUREL WAY
BOCA RATON FL 33487**

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report 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 owner 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: **x S.H. Sadrolgharavi**

SEYED HASSAN SADROLGHARAVI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Name)