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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P95000030881 (3)

TALA JEWELRY, INC.

Principal Place of Business		Mailing Address		- 1 10011001 110 15101 31111 00111 60111 00100 11	HE BEIET IDIET IDIET ITET IEET
401 BISCAYNE BLVD.		401 BISCAYNE BLVD. #N119. NORTH			
#N118. NORTH				DO NOT WRITE IN THIS SPACE	
MIAMI FL		MIAMI FL		3. Date Incorporated or Qualified	
				04/17/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 36 NG 181 SI. 26 Same				65-0576539	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22/110 Seybold Bolg, 27			·		Fee Required
City & State  City & State  City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 <b>/ \ \                                </b>	Country	28	Country	1700.7 0170 00171700001	Added to Fees
24 331	37 25 USA	├─-¬	30	<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>	Jrrent year Intangible  No
<u> </u>	g, Name and Address of Current		,	10. Name and Address of New Registered	
SO	LEYMANI, MOHAMMAD A		81 Name		
401 BISCAYNE BLVD.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
#N119, NORTH				Coo (* .c. Box (toll)bb) to (tol ) tocoptable)	
MIA	MI FL		83		
			84 City		85 Zip Code
44 6	1. A	1 607 1 00 1 1 1 0		Fl	_
11. Pursuant to the provisions of Sections 607.0/02 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registere 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.					
	m familiar with, and accept the obligate	ons of, Section 607.0505, Flori	ida Statutes.	11	21.90
SIGNATURE	Signature, byted or printed name of registered light	end tille if apparable (NOTE:	Angistered Agent signature requir	ed when reinstating) DATE	11 10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	Soleymani, mohammad a		1.2 NAME		
STREET ADDRESS	5850 S.W. 100TH TERRACE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DEL <b>£</b> TE	21 TITLE		Change Addition
NAME	SOLEYMANI, MAHIN S		2.2 NAME		
STREET ADDRESS	5850 S.W. 100TH TERRACE		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33156	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		₽ Decem	3.1 TILLE 3.2 NAME		□ Midnigo □ MidniffOff
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ļ
TITLE		DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY- S1-ZIP		
TITLE		☐ DELĒT <b>E</b>	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T SELECT	5 4 City - ST - ZiP		T 3
TITLE		☐ DELETE	6 i litle		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY - ST - ZIP

14. Thereby 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 eath; 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

4-21-48

**FILED** 

Apr 29 1998 8:00am

Secretary of State