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

**PROFIT** CORPORATION ANNUAL REPORT



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

**DOCUMENT #** 

P95000037268 (6)

**BOCA INTERNATIONAL INC.** 

Principal Place of Business	Mailing Address		
11940 U.S. HWY 1, # 108	11940 U.S. HWY 1, # 108		
N. PALM BEACH FL 33408	N. PALM REACH EL 33408		



Principal Place of Business	Mailing Address		100,000,000,000,000,000,000,000		
11940 U.S. HWY 1. # 108 N. PALM BEACH FL 33408	11940 U.S. HWY 1, # 108 N. PALM BEACH FL 33408	4			
}			3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report	
2. Principal Place of Business 21 7401 N.FEDERAL HW	2a. Mailing Address	ERAL HWY	4. FEI Number 65 - 060865	Applied For Not Applicable	
Suite, Apt. #, etc. 22 A 5	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State RATON, FL.	City & State 28 BOCA RATO	N, FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Country	<sup>Zip</sup> 33487 30	Country		ntangible tax under s. 199.032,	
9. Name and Address of Current I		17,000	10. Name and Address of New R		
	· · · · · · · · · · · · · · · · · · ·	81 Name			
NEMATI, GHOLAMREZA			(0.0.0		
11940 U.S. HWY 1, # 108		82 Street Addre	ddress (P.O. Box Number is Not Acceptable)		
N. PALM BEACH FL 33408		83			
TO THEM BENOTITE GOTOC					
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes, ti	ne above-named corpora	ition submits this statement for the pur	pose of changing its registered office	
or registered agent, or both, in the State of Florida. familiar with, and accept the obligations of, Section	Such change was authorized b	y the corporation's board	of directors. I hereby accept the appoint	pintment as registered agent. I am	
	Control of French Charles				
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Ri	egistered Agent signature required	when reinstating)	DATE	
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
HILE PRESIDENT	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition	
NAME GHOLAMREZA NO	EMAT:	1.2 NAME			
STREET ADDRESS 11940 US HWY 1	# 108	1.3 STREET ADDRESS			
CITY-ST-ZIP N. PALM BEACH	" #Z: 33408	1.4 CITY'- ST-ZIP			
TITLE VICE PRESIDENT	TO DELETE	2. 1 TITLE		☐ Change ☐ Addition	
NAME PARILY KHAIR	MEASURER	2 2 NAME			
STREET ADDRESS 1750 N. CONGRES	KAVe.#301C	2 3 STREET ADDRESS			
CITY-ST-ZIP WEST PALM BEA	CH. FL. 33401	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		3.4 CHTY - ST - ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
THLE	☐ DELETE	5. 1 TITLE		Change Addition	
NAME	,	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
C(TY - S1 - ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6. 1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with	n this filing is voluntarily furnished	and does not qualify for	the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further	

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 agriress.

FICER OR DIRECTOR

Daytime Phone #