

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 MAY -1 AM 11: 28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P95000045076
 1. Corporation Name
Cherry Laurel Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4727 N. Monroe Street	26		6-12-95	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	Tallahassee, Florida	28	Tallahassee, Florida	59-3423383	Not Applicable
24	32303	29	Leon	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input checked="" type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**Mehrdad Ghazvini
6000 Boynton Homestead Road
Tallahassee, Florida 32312**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	President/ Director	<input type="checkbox"/> DELETE
NAME	Hossein Ghazvini	
STREET ADDRESS	4515 High Grove Road	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	Vice President/ Director	<input type="checkbox"/> DELETE
NAME	Mehran Ghazvini	
STREET ADDRESS	2910 Royal Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	Vice President/ Director	<input type="checkbox"/> DELETE
NAME	Behzad Ghazvini	
STREET ADDRESS	7516 Preservation Road	
CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE	Secretary/ Treasurer	<input type="checkbox"/> DELETE
NAME	Mehrdad Ghazvini	
STREET ADDRESS	6000 Boynton Homestead Road	
CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE	Vice President/ Director	<input type="checkbox"/> DELETE
NAME	Nasser Rowhani-Johnpooor	
STREET ADDRESS	P.O. Box 4227 NA	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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******173.75 ****173.75**

[Handwritten Signature]

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 owner or person 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/97**
 Filing Fee: \$

CR2E034 (9/96)