

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAY 19 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045074**
1. Corporation Name
Cherry Laurel Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------------------------|---------------------|-----------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 6/12/95 | |
| 21 | 4727 N. Monroe Street | 26 | | 4. FEI Number 59-3423383 | Applied For Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State Tallahassee, Fl | | City & State | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Zip 32303 | 25 | Country USA | 29 | Zip |
| | | | | 30 | Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mehrdad Ghazvini
4727 N. Monroe Street
Tallahassee, Fl 32303

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | Sec/Trea. <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mehrdad Ghazvini | 12 NAME | 300002532123-0 |
| STREET ADDRESS | 6000 Boynton Homestead | 13 STREET ADDRESS | -05/21/98 -01095-018 |
| CITY-ST-ZIP | Tallahassee, Florida 32308 | 14 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | Director <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Behzad Ghazvini | 22 NAME | |
| STREET ADDRESS | 7516 Preservation Road | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, Florida 32308 | 24 CITY-ST-ZIP | |
| TITLE | Director <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mehran Ghazvini | 32 NAME | |
| STREET ADDRESS | 2910 Royal Palm Way | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, Florida 32308 | 34 CITY-ST-ZIP | |
| TITLE | President <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hossein Ghazvini | 42 NAME | |
| STREET ADDRESS | 4515 High Grove Road | 43 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, Florida 32308 | 44 CITY-ST-ZIP | |
| TITLE | Director <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nasser Rowhani-Jahanpour | 52 NAME | |
| STREET ADDRESS | P.O. Box 4227 N/A | 53 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, Fl 32315 | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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. 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 of this filing with an address.

SIGNATURE: *H. Ghazvini* **H. GHAZVINI** Date: **5/4/98** Daytime Phone: **514-1000**

CP2E034 (10/97)