

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000018489
1. Corporation Name
FIBROUZEH INC

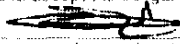
Principal Place of Business Mailing Address
**2516 SW 31ST PLACE
Gainesville FLORIDA
32608**

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country 30. Country

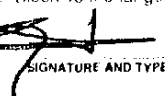
3. Date Incorporated or Qualified **02.28.1996** 3a. Date of Last Report **N/A**
4. FEI Number **59-3366401** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MANOUCHEHR HESHMAT
4907 NW 30TH TERRACE
Gainesville FLORIDA
32608**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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  **MANOUCHEHR Heshmat** **04.29.1997**
Signature of applicant or the name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOUCHEHR HESHMAT	1.2 NAME	
STREET ADDRESS	4907 NW 30TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shahram HESHMAT	2.2 NAME	
STREET ADDRESS	4907 NW 30TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shahriab Heshmat	3.2 NAME	
STREET ADDRESS	4907 NW 30TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shahnam Heshmat	4.2 NAME	
STREET ADDRESS	4907 NW 30TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 furnished 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 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.
SIGNATURE  **MANOUCHEHR Heshmat** **04.29.1997** **(352)373-5123**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

4/5/14/97

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***165.00**