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

PROFIT **CORPORATION** ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018489 FIBROUZEH INC

Principal Place of Business

Mailing Address

MEIL CW DIACE

Ecinesvillie 3 32608	FLORIDA			3. Date Incorporated or Qualified 3a Q Q \ Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of Last Report
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-3366401	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, 6	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	29	<u> </u>		8. This corporation has liability for intang Florida Statutes	gible tax under s. 199.032, No
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Register	red Agent
MANOUCHEHR	HESH MAT				
4907 NW 30	TH TERRA	(t 82	Stroot Ado	Bress (P.O. Box Number is Not Acceptable)	
crainesvillie	FLOKINH	83			
32608		84	City		EL 85 Zip Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. Lam familiar with, and account the agent.	State of Florida, Such chang	e was authorized by	the corpora	poration submits this statement for the purpos ition's board of directors. I hereby accept the	se of changing its registered appointment as registered

agent. ra	MANOUC	LEKA WE	showt na maz
SIGNATURE.		1	Shmat 04-29-1997
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE	11 THILE	Change Addition
NAME	MANAHCHEHR HESHMAT	1.2 NAME	
STREET ADDRESS	4907 NW 30TH TERR	13 STREET ADDRESS	
CITY-ST-ZIP	Gainesvillie FL 32605	1.4 Cilly - S1 - ZiP	
TITLE	VICE President DELETE	21 TITLE	☐ Change ☐ Addition
NAME	let black was tree LIM AT	2.2 NAM!	
STREET ADDRESS	MAOF NW BOTH TERM	2.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesvillie FL 32605	2 4 CITY - ST - ZIP	
TITLE	Treasurer . DELLIE	3 TITLE "	Change Addition
NAME	Chahriah Heshmat	3.2 NAME	
STREET ADDRESS	4907 NW BOTH TERR	33 STREET ADDRESS	
CITY-ST-ZIP	Gainesvillie Fl 32605	3 4. CITY - \$1 - ZIP	
TITLE	Secretory , □DELETE	4 1 117 LE	Change Addition
NAME	Shahnam Heshmata	4 2 NAM:	
STREET ADDRESS	4907 NW 30TH TERK	43 STREET ADDRESS	
CITY-ST-ZIP	Gainesvillie FL 3205	4.4 C-TY - \$1 - ZIP	
TITLE	DELETE	5 t TITLE	☐ Cydnge ☐ Addition
NAME		5.2 NAME	//~/w/s
STREET ADDRESS		5.3 STREET ADDRESS	SD 7/14/9/2
CITY-ST-ZIP		5.4 CHY-ST-7IP	709.97
TITLE	☐ DELETE	6 1 TITLE	Change Addition
NAME		G 2 NAME	200002190652
STREET ADDRESS		6.3 STREET ADORESS	-05/27/9701004033

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). Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

MA Nouc Hehr Heshmat ou. 29.1997 (352)373-5123 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 14 1997 8:00am

Secretary of State