


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

FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P960000036605 1. Corporation Name <b>HESHMAT INC.</b>					
Principal Place of Business <b>404 S. Main Street Gainesville, Fl. 32601</b>			Mailing Address <b>404 S. Main Street Gainesville, Fl. 32601</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>April 24, 1996</b>	3a. Date of Last Report <b>N/A</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3380578</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Allan H. Kaye, Esq. 7225 NW 131 Street Gainesville, Fl. 32653</b>				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE	President <input type="checkbox"/> DELETE				
NAME	<b>Mohammed R. Heshmat Ghahdarijani</b>				
STREET ADDRESS	<b>1650 NW 29th Road</b>				
CITY-ST-ZIP	<b>Gainesville, Fl. 32605</b>				
TITLE	Vice-President <input type="checkbox"/> DELETE				
NAME	<b>Felor Heshmat Ghahdarijani</b>				
STREET ADDRESS	<b>1650 NW 29th Road</b>				
CITY-ST-ZIP	<b>Gainesville, Fl. 32605</b>				
TITLE	Secretary <input type="checkbox"/> DELETE				
NAME	<b>Ardalan Ghahdarijani</b>				
STREET ADDRESS	<b>1930 NW 40th Place</b>				
CITY-ST-ZIP	<b>Gainesville, Fl. 32605</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
<b>600002100646</b>					
<b>-02/28/97--01005--016</b>					
<b>***165.00</b>					
14. I, the undersigned, 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 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: <b>Mohammed R. CHAHDARIJANI Heshmat</b> <b>02-12-97</b> <b>352-375-7997</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)