## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

**FILED** 

Secretary of State

May 01 1996 8:00 am

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

S65511

(5)

SAHE	L CORP.				
Principa! Place o	of Business	Mailing Address			IAN ULAN ANDIA ANDIA BIAN BIBN ANDIA BIBN UBAN
		7213 N.W. 12TH S1 Miami FL 33126	REET		
				3. Date incorporated or Qualified 07/11/1991	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0271068	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & Chate		0.5	Fee Hequired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
Jalali Bidgoli, reza			82 Street A	ddress (P.O. Box Number is Not Acceptab	e)
7213 NW 12 ST					
MIAMI	FL 33126		83		
			84 City		FL 85 Zip Code
11 Purcuont to	the provisions of Sections 607.05	02 and 607 1608 Florida Statu	tes the above-named co	poration submits this statement for the pur	
or registere	d agent, or both, in the State of Fk n, and accept the obligations of, Se	rida. Such chance was authori	zed by the corporation's I	poard of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE _					
12.	ilgnature, typed or printed name of registered agr	ert and tile if applicable (N ND DIRECTORS	OTE: Registered Agent signature re	pulsed when reinstalling)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1. 1 TITLE	7,0011011010111110101101111	Change Addition
NAME	JALALI BIDGOLI, REZA		1.2 NAME		
STREET ADDRESS	7213 NW 12 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FI.		1.4 CITY - ST - ZIP		
TITLE	VSD	☐ DELETE	2 1 TITLE		Change Addition
NAME	JALALI BIDGOLI, HASSAI	4	2 2 NAME		
STREET ADDRESS	7213 NW 12 ST		2.3 STREET ADDRESS		
CHTY-ST-ZIP	MIAMI FL.	(T) DOLLTE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3. 1 TITLE		Change Madition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS  CITY-S1-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME		_	4.2 NAME		<del></del>
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(1 Y - S1 - Z(P		F=1 bc/c++	5.4 CITY-ST-ZIP		Change D Addition
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
14. I do hereby	certify that the information supplie	d with this filing is voluntarily ful	64 CITY-ST-ZIP mished and does not qua	ify for the exemption stated in Section 119.	07(3)(k), Florida Stalutes. I further
certify that	the information indicated on this ar	nnual report or supplemental an poration or the receiver or trust	nual report is true and ac- ee empowered to execute	curate and that my signature shall have the ethis report as required by Chapter 607, Fig.	same legal effect as if made under

4.29.9b

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