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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 23 1998 8:00am Secretary of State

	1998	SO NI TE	DIVISION OF	CORPORATI	UNS		- ~	
1. Corporatio	MENT # S( L CORP.	65511	(5)		736			144U 114U 114
Principal Plac	e of Business	Maili	ng Address					DIGIL DIGIL 1861
	12TH STREET	72	13 N.W. 12TH STRE AMI FL 33126	ĒT		DO NOT WRITE IN THIS	SPACE	
						Date Incorporated or Qualified     07/11/1991		
2 Principal P	Place of Business	1 2a M	ailing Address	<del></del>		4, FEI Number	<del></del>	Applied For
21	rade of Boomess	26	.ag / 133/333			65-0271068	-	Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.					Additional
22						5. Certificate of Status Desired	<b>-</b>	Required
City & Stat	to	C	City & State			8. Election Campaign Financing	\$5.0	O May Be
23		28		<del></del>		Trust Fund Contribution	Adde	d to Fees
Zip Zip	Country	z	b	Countr	у	8. This corporation owes or has paid the cu		
24	9. Name and Address	29	ad Ament	30		Personal Property Tax due June 30.  10. Name and Address of New Registered		☐ No
		s of Current Register	ed Agent	81	Name	10. Name and Address of New Negistered	Agent	
	alali bidgoli, reza 213 NW 12 ST							
	IIAMI FL 33126			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PV.	11/4MI FL 33 120			83	<del> </del>			
				<u> </u>	<u> </u>		<del></del>	<del></del>
				84	City	FL	_ <b> 85</b>   Zip	p Code
office or r agent. La	m familiar with, and accer	in the State of Florida.  In the obligations of, S	Dent 607.0505, Fl	lorida Statute	s. / 1	poration submits this statement for the purpose of the purpose of the port of directors. I hereby accept the ap		its registered
		registered agent and title if a		TE: Registered Ag	ent Biggrature regul	fred when reinstating) DATE	D DIDCOTA	250 (1) 40
12.	PTD	ICERS AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME	JALALI BIDGOLI, F	RF7Δ		1.2 NAME	}		Cildings	
STREET ADDRESS	7213 NW 12 ST				T ALODRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-	1			
TITLE	VSD		DELETE	2.1 TITLE			Change	Addition
NAME	JALALI BIDGOLI, F	1ASSAN		2.2 NAME				
STREET ADDRESS	7213 NW 12 ST			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL			2. 4 CiTY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				- F	T ADDRESS			
CITY - ST - ZIP			DELETE	3.4. CITY-	ST-ZiP		Change	Addition
TITLE			LJ VECETE	4.1 TITLE 4, 2 NAME	}		thange رے	LT MOORION
NAME STREET ADDRESS								
CITY-ST-ZIP				4,3 STREE 4,4 CITY-	T ADDRESS			
TITLE			DELETE	5.1 TITLE	51- ZIF		Change	Addition
NAME (				5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				5.4 CITY-				
TITLE			DELETE	6.1 TITLE	<del>-</del> -   -		Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	T ADORESS			
CITY-ST-ZIP				6.4 CITY-				
14. I hereby o	certify that the information	supplied with this filin	g does not qualify f	or the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify that th	e 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 within address.

SIGNATURE: BFZA 1 AlAli