

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -8 AM 10: 22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # V01295

(7)

1. Corporation Name

NARISSAAM, INC.

Principal Place of Business

**10695 STONE BRIDGE BLVD.
BOCA RATON FL 33498
US**

Mailing Address

**P. O. BOX 6227
BOCA RATON FL 33427
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1991

3a. Date of Last Report

08/11/1994

4. FEI Number

65-0341409

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

2. Principal Place of Business

**21 8427 E BOCA GLADES BLVD
Suite, Apt. #, etc. #122 BUILDING #3**

2a. Mailing Address

**26 P.O. BOX 2445
Suite, Apt. #, etc.**

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON

Zip

24 33434

Country

25 U.S.A.

Zip

29 33427-2445

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**AHMADI, ARMITA
22130 BELMAR DR.
#1207
BOCA RATON FL 33433**

10. Name and Address of Now Registered Agent

**81 Name ARMITA AHMADI
82 Street Address (P.O. Box Number is Not Acceptable) 8427 E BOCA GLADES BLVD
83 #122 BUILDING #3
84 City BOCA RATON FL 85 Zip Code 33434**

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

Signature typed in printed name of registered agent and the filer (required)

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME AHMADI, ARMITA
STREET ADDRESS 10695 STONEBRIDGE BLVD.
CITY, ST, ZIP BOCA RATON FL**

**TITLE V
NAME AHMADI, FERELDOON
STREET ADDRESS 10695 STONEBRIDGE BLVD.
CITY, ST, ZIP BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE P
12 NAME ARMITA AHMADI
13 STREET ADDRESS 8427 E BOCA GLADES BLVD
14 CITY, ST, ZIP #122 BUILDING #3 BOCA RATON, FL, 33434**

**21 TITLE V
22 NAME FERELDOON AHMADI
23 STREET ADDRESS 8427 E BOCA GLADES BLVD
24 CITY, ST, ZIP #122 BUILDING #3 BOCA RATON, FL 33434**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

ARMITA AHMADI AUG-13-95 1-800-436-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR