FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
~~1995~~ 1996

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

DOCUMENT # V01295 (7)

1. Corporation Name
~~NARISSAAM,INC.~~
NARISAAM, 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: 08/11/1995 1995

2. Principal Place of Business
21: 8427 BOCA GLADES BLVD
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON
24: Zip: 33434
25: Country: US

2a. Mailing Address
26: P.O. BOX 2445
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON
29: Zip: 33427-2445
30: Country: US

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

9. Name and Address of Current Registered Agent

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

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P [X] Change [ ] Addition
NAME	AHMADI, ARMITA	12 NAME	AHMADI, ARMITA
STREET ADDRESS	10695 STONEBRIDGE BLVD.	13 STREET ADDRESS	8427 BOCA GLADES BLVD E
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	V	21 TITLE	V [X] Change [ ] Addition
NAME	AHMADI, FERELDOON	22 NAME	AHMADI, FERIDOON
STREET ADDRESS	10695 STONEBRIDGE BLVD.	23 STREET ADDRESS	8427 BOCA GLADES BLVD E
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***225.00

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 7, 1996
Date

1-800-436-6707
Daytime Phone Number

05 8/15/96