

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V02605** (6)

1. Corporation Name

MODERN WATCHES, INC.

Principal Place of Business

**36 NE 1ST ST
612 SEYBOLD BLDG
MIAMI FL 33132**

Mailing Address

**36 NE 1ST ST
612 SEYBOLD BLDG
MIAMI FL 33132**



2. Principal Place of Business

2a. Mailing Address

21 **141 NE 3rd Ave**

26

Suite, Apt. #, etc. **Miami FL #305**

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **33132** Country **USA**

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
01/17/1995

4. FEI Number
65-0301886

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

10. Name and Address of New Registered Agent

**LAMONT NEIMAN & FEUERMAN PA
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3550
MIAMI FL 33131**

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

Signature typed or printed name of registered agent, and full if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

May 9, 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SOLEYMANI, MOHAMMAD ALI**
STREET ADDRESS **36 NE 1ST ST**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**141 NE 3rd Ave # 305
Miami FL 33132**

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NAME ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

STREET ADDRESS ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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: **Ali Soleymani**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9 '96 372-1762

Date

Daytime Phone #

CR2E034 (12/95)