

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 AM 11:59

DOCUMENT # **391314** (2)  
1. Corporation Name  
**JOHN HENRY SHOP CORPORATION**

Principal Place of Business: **4645 EAST 10TH COURT HIALEAH FL 33013**  
Mailing Address: **4645 EAST 10TH COURT HIALEAH FL 33013**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business: **21** State, Apt. #, etc.  
20. Mailing Address: **26** State, Apt. #, etc.  
22. City & State: **27** City & State  
23. Zip: **24** Country: **25** Zip: **28** Country: **30**

3. Date Incorporated or Qualified: **11/12/1971**  
3a. Date of Last Report: **02/14/1994**  
4. FEI Number: **59-1365638** Applied For:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under § 199.039, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SIMON, JOHN HENRY  
270 W. 32ND STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Accepted)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMON, JOHN H.
STREET ADDRESS	270 W 32 STREET
CITY, ST, ZIP	HIALEAH FL
TITLE	T
NAME	SIMON, LUISA
STREET ADDRESS	270 W 32 STREET
CITY, ST, ZIP	HIALEAH FL
TITLE	VT
NAME	SIMON, ADA
STREET ADDRESS	3180 W. 3RD AVENUE
CITY, ST, ZIP	HIALEAH FL
TITLE	S
NAME	ARTUTO, SIMON
STREET ADDRESS	4110 W 7TH LANE
CITY, ST, ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(2)(b), Florida Statutes. I further certify that the information included on this annual report or comprehensive annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: \_\_\_\_\_  
DATE: **2-8-95** - **688-8489-**