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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

OOCUI . Corporation		• •		•		
SHAKI	ed enterprises, inc.					
rincipal Place	of Business	Mailing Address			OOOH BIIN BIJAK ONUN DIQII DI	841 010H 010H 103H
13005 BISCAYNE BLVD. NORTH MIAMI FL 33181		13005 BISCAYNE BLVD. NORTH MIAMI FL 33181		;		
				 Date Incorporated or Qualified 10/24/1984 	d 3a, Date of Last 04/11/1	-,
· ′	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt	# oto	26		59-2463316		Not Applicable
SOIG, Ap.	#, BIS	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State	9	City & State	,	Election Campaign Financing Trust Fund Contribution	\$5.	00 May Be led to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	or intangible tax under	
	25 9. Name and Address of Curre	29]	30		/es □ No	
	9, Haille and Address of Corre	iii negistered Agent	81 Name	10. Name and Address of New	v negistered Agent	
CARME	L, RICHARD B., ESQ.		82 Street A	ddress (P.O. Box Number is Not Accept	table)	
2124 NE 123RD ST., #209 NORTH MIAMI FL 33181				Jress (P.O. Box number is not acceptable)		
			83			
			84 City		85	Zip Code
 Or redister 	to the provisions of Sections 607,050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such chance was authori	ized by the corporation's b	poration submits this statement for the poard of directors. I hereby accept the ap	purpose of changing its ppointment as register	s registered office ad agent. I am
or register familiar wi GNATURE	red agent, or both, in the State of Flor th, and accept the obligations of, Soc Square, brief or providence of agencies agen	rida. Such change was authori ction 607.0505, Florida Statute ा कार्य प्रकार विकास स्थाप	ized by the corporation's b is. IOTE: Registrical Agent squature rec	poard of directors. I hereby accept the ap	ppointment as register	ed agent. I am
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appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: