


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01923 (6)					
1. Corporation Name SHEBA INTERNATIONAL, INC.					
Principal Place of Business 18630 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160			Mailing Address 18630 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160-2420		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State SUNNY ISLES FL 24 Zip 33160 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State SUNNY ISLES FL 29 Zip 33160 30 Country		3. Date Incorporated or Qualified 07/12/1989 3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0133902 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARCIA, ADA 18630 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160 SUNNY ISLES FL 33160			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DPS			1.1 TITLE <input type="checkbox"/> DELETE	
	GARCIA, ADA			1.2 NAME ADA GARCIA	
	8252 NW 104 ST			1.3 STREET ADDRESS 18630 NORTH BAY ROAD	
	MIAMI LAKES FL			1.4 CITY-ST-ZIP SUNNY ISLES FL 33160	
	T			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	GARCIA, ADA			2.2 NAME	
	8252 NW 104 ST			2.3 STREET ADDRESS SAME AS ABOVE	
	MIAMI LAKES FL			2.4 CITY-ST-ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

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

Ada Garcia **ADA GARCIA PRES. 1/31/97 933-8992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0218308

CR2E034 (9/96)