

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90032 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L01923**

1. Corporation Name  
**SHEBA INTERNATIONAL, INC.**



Principal Place of Business <del>18630 NORTH BAY ROAD</del> <del>SUNNY ISLES BCH FL 33160</del> US	Mailing Address <del>18630 NORTH BAY ROAD</del> <del>SUNNY ISLES BCH FL 33160</del> US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/12/1989**

2. Principal Place of Business 21 <b>3912 WEST 12 AVE</b>	2a. Mailing Address 26 <b>3912 WEST 12 AVE.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>HALEAH FL</b>	City & State 28 <b>HALEAH FL</b>
Zip 24 <b>33012</b> 25 <b>USA</b>	Zip 29 <b>33012</b> 30 <b>USA</b>

4. FEI Number  
**65-0133902** Applied For  
 Yes  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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**GARCIA, ADA**  
~~18630 NORTH BAY ROAD~~  
~~SUNNY ISLES FL 33160~~

10. Name and Address of New Registered Agent

81 Name **ADA GARCIA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**AB COMMERCIAL REALTY, INC**

83 **3912 WEST 12 AVENUE**

84 City **HALEAH** FL 85 Zip Code **33012**

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 *Ada Garcia* DATE **4/15/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	GARCIA, ADA	
STREET ADDRESS	<del>18630 N BAY RD</del>	
CITY-ST-ZIP	<del>SUNNY ISLES BCH FL</del>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARCIA, ADA	
STREET ADDRESS	<del>18630 N BAY RD</del>	
CITY-ST-ZIP	<del>SUNNY ISLES BCH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *Ada Garcia* **REQUIRED** DATE **4/15/99** DAYTIME PHONE **305-828-2920**

Signature and typed or printed name of signing officer or director

CR2E034 (1/198)