

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L69266 (9)
 1. Corporation Name
SHELCAN CORPORATION

Principal Place of Business 11900 Biscayne Blvd., Suite 760 Miami, FL 33181	Mailing Address 11900 Biscayne Blvd., Suite 760 Miami, FL 33181-2726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2450 N.E. Miami Gardens Drive Suite, Apt #, etc. 22 Second Floor City & State 23 North Miami Beach, Florida Zip Country 24 33180 25 Miami-Dade	2a. Mailing Address 26 2450 N.E. Miami Gardens Drive Suite, Apt #, etc. 27 Second Floor City & State 28 North Miami Beach, Florida Zip Country 29 33180 30 Miami-Dade
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3. Date Incorporated or Qualified 04/17/1990	4. FEI Number 65-0190870	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. Name and Address of Current Registered Agent
**SUPRASKI, LOUIS A., ESQ.,
 11900 Biscayne Boulevard
 Suite 760
 Miami, FL 33181**

10. Name and Address of New Registered Agent

81 Name SUPRASKI, LOUIS A., ESQ.,	82 Street Address (P.O. Box Numbers Not Acceptable) 2450 N.E. Miami Gardens Drive
83 Second Floor	84 City North Miami Beach, FL
	85 Zip Code 33180

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 Implies which is not applicable)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, SHELDON	
STREET ADDRESS	20 GREENCREST CIR	
CITY-ST-ZIP	SCARBOROUGH, CANADA M1G 1B8	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEIN, MIRIAM	
STREET ADDRESS	20 GREENCREST CIR	
CITY-ST-ZIP	SCARBOROUGH, CANADA M1G 1B8	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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: *S Stein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)