

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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

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

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

3. Date Incorporated or Qualified  
**04/17/1990**

4. FEI Number  
**65-0190870**

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

2. Principal Place of Business 21 <b>2450 N.E. Miami Gardens Drive</b> Suite, Apt #, etc. 22 <b>Second Floor</b> City & State 23 <b>North Miami Beach, Florida</b> Zip 24 <b>33180</b>	2a. Mailing Address 26 <b>2450 N.E. Miami Gardens Drive</b> Suite, Apt #, etc. 27 <b>Second Floor</b> City & State 28 <b>North Miami Beach, Florida</b> Zip 29 <b>33180</b>	30 <b>Miami-Dade</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>STEIN, SHELDON</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20 GREENCREST CIR</b>	CITY-ST-ZIP <b>SCARBOROUGH, CANADA M1G 1B8</b>	1.2 NAME	
TITLE <b>SD</b>	NAME <b>STEIN, MIRIAM</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>20 GREENCREST CIR</b>	CITY-ST-ZIP <b>SCARBOROUGH, CANADA M1G 1B8</b>	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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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)