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Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L69266

1. Corporation Name  
SHELCA CORPORATION

Principal Place of Business  
2450 N. E. MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BCH FL 33180

Mailing Address  
2450 N. E. MIAMI GARDENS DRIVE  
SECOND FLOOR  
NORTH MIAMI BCH FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1990

4. FEI Number

65-0190870

Applied For

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUPRASKI, LOUIS A ESQ.  
2450 N. E. MIAMI GARDENS DR.  
SECOND FLOOR  
NORTH MIAMI BCH. FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME STEIN, SHELDON  
STREET ADDRESS 20 GREENCREST CIR  
CITY-ST-ZIP SCARBOROUGH, CANADA M1G 1B8

1.1 TITLE PD  Change  Addition  
1.2 NAME STEIN, SHELDON  
1.3 STREET ADDRESS 9601 Collins Avenue, PH-304  
1.4 CITY-ST-ZIP Bal Harbour, Florida 33154

TITLE SD  DELETE  
NAME STEIN, MIRIAM  
STREET ADDRESS 20 GREENCREST CIR  
CITY-ST-ZIP SCARBOROUGH, CANADA M1G 1B8

2.1 TITLE SD  Change  Addition  
2.2 NAME STEIN, MIRIAM  
2.3 STREET ADDRESS 9601 Collins Avenue, PH-304  
2.4 CITY-ST-ZIP Bal Harbour, Florida 33154

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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:

*S. Stein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1999

Date

(305) 792-0060

Daytime Phone #

CR2E034 (11/98)