

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:24

DOCUMENT # **P29425** (6)

1. Corporation Name
SHIFA SERVICES, INC.

Principal Place of Business Mailing Address
540 HUDSON ST. HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **05/21/1990** 3a. Date of Last Report **06/15/1994**
4. FEI Number **22-2305207** 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 has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
POLO, ROBERT
2709 WILLOW OAKS DR
VALRICO FL 33594

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

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	HAEDO, JORGE
STREET ADDRESS	85 MARGETTS RD.
CITY- ST- ZIP	CHESTNUT RIDGE NY
TITLE	PD
NAME	CRISCI, NORBERTO RICHARD
STREET ADDRESS	125 PARK AVE
CITY- ST- ZIP	MAYWOOD NJ
TITLE	V
NAME	KALPIN, ART
STREET ADDRESS	278 GRANDVIEW RD
CITY- ST- ZIP	SKILLMAN NJ
TITLE	V
NAME	RONCHI, MICHAEL
STREET ADDRESS	13 SOUTH BAUMS CT.
CITY- ST- ZIP	LIVINGTON NJ
TITLE	S
NAME	HAEDO, CRISTINA
STREET ADDRESS	85 MARGETTS RD.
CITY- ST- ZIP	CHESTNUT RIDGE NY
TITLE	VICE PRESIDENT - FINANCE
NAME	LAWRENCE LEDER
STREET ADDRESS	7 LANCASTER LANE
CITY- ST- ZIP	MONSEY, NY 10952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EXECUTIVE VICE PRESIDENT
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELETE
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the Governor or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/12/95** (201) 440-6969
Signature and typed or printed name of signing officer or director