FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000073888 (7)**

1. Corporation Name

SHADOWOOD IV, INC.

Principal Place of Business

5201 BLUE LAGOON DR
STE 550
MIAMI FL 33126
US

Mailing Address

1110 BRICKELL AVE.
SUITE 509
MIAMI FL 33131

3. Date Incorporated or Qualified: **10/07/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0538755** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: MILGRAM, MARC
STREET ADDRESS: 1110 BRICKELL AVE., SUITE 509
CITY, ST, ZIP: MIAMI FL 33131
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP — [ ] Change [ ] Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP — [ ] Change [ ] Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP — [ ] Change [ ] Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP — [ ] Change [ ] Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP — [ ] Change [ ] Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP — [ ] Change [ ] Addition

14. I do hereby, or do, that the information supplied with this report is voluntarily provided for the purpose of complying with Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct, 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 other entity qualified 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 added, in addition to any other name(s) and address(es).

SIGNATURE: 3-15-96 305 262-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)