

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000062641 (2)
1. Corporation Name
SHAHEEN MARKETING GROUP, INC.



Principal Place of Business: 1520 SAN IGNACIO AVE STE #2 CORAL GABLES FL 33146 US
Mailing Address: 1520 SAN IGNACIO AVE STE #2 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3675 SW 24 St. Suite #1 Miami, FL 33145 USA
2a. Mailing Address: 26 3675 SW 24 St. Suite #1 Miami, FL 33145 USA
3. Date Incorporated or Qualified: 08/14/1995
4. FEI Number: 65-0598781
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

9. Name and Address of Current Registered Agent: SHAHEEN, LISA 2350 S DIXIE HWY MIAMI FL 33133
10. Name and Address of New Registered Agent: 81 Name: Lisa Shaheen 82 Street Address: 3675 SW 24 St. Suite #1 83 84 City: Miami FL 85 Zip Code: 33145

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: *Lisa Shaheen* Lisa Shaheen 4/20/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	DPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHEEN, LISA	1.2 NAME	Shaheen, Lisa
STREET ADDRESS	1520 SAN IGNACIO AVE, #2	1.3 STREET ADDRESS	3675 SW 24 Street Suite #1
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	miami, FL 33145
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Lisa Shaheen* Lisa Shaheen 4/20/98 DATE

CR2E034 (10/97)