

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90164 048 ***150.00

0234137

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000031750

1. Corporation Name
MIAMI SHORES COMMERCIAL BUILDING, INC.



Principal Place of Business: 10886 N.E. 6TH AVENUE MIAMI FL 33161
 Mailing Address: 10886 N.E. 6TH AVENUE MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields.

3. Date Incorporated or Qualified: 04/11/1996
 4. FEI Number: 65-0658502
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent
VILLANUEVA, GLADYS
10886 N.E. 6TH AVENUE
MIAMI FL 33161

10. Name and Address of New Registered Agent (81-85) fields.

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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS (DELETE checkboxes)

TITLE	PD VALDES, AMARILIS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	6855 S.W. 35TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD VALDES, DIEGO	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	6855 S.W. 35TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD VILLANUEVA, GLADYS	<input type="checkbox"/> DELETE
STREET ADDRESS	884 80TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition checkboxes)

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		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD VILLANUEVA, GLADYS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	884 80th street	
3.3 STREET ADDRESS	MIAMI BEACH FL 33141	
3.4 CITY-ST-ZIP		
4.1 TITLE	VP VILLANUEVA, Nivaldo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	884 80th street	
4.3 STREET ADDRESS	MIAMI BEACH FL 33141	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99 (305) 754-9431
 Date Daytime Phone #

CR2E034 (11/98)