


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000022037 (0)
 1. Corporation Name
SHAHEED AGENCY, INC



Principal Place of Business 1515 NW 167TH ST. SUITE 110X MIAMI FL 33169	Mailing Address 1515 NW 167TH ST. SUITE 110X MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1515 NW 167TH ST Suite, Apt. #, etc. 22 110X City & State 23 Miami Zip 24 33169		2a. Mailing Address 26 1515 NW 167TH ST Suite, Apt. #, etc. 27 110X City & State 28 Miami Zip 29 33169		Country 25 USA 30 USA		3. Date Incorporated or Qualified 03/05/1997	4. FEI Number 65-0739494	Applied For Not Applicable
						5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
SHAHEED, HAKIM A
598 SW 181ST WAY
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
 81 Name **HAKIM SHAHEED**
 82 Street Address (P.O. Box Number is Not Acceptable)
598 SW 181 WAY
 83 **P**
 84 City **Pembroke pines** **FL** 85 Zip Code **33029**

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 Hakim A Shaheed DATE 4-21-98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	HAKIM A. SHAHEED
CITY-ST-ZIP	598 SW 181 WAY Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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.

SIGNATURE: Hakim A Shaheed DATE 4-21-98 305 625-3127

CR2E034 (10/97)