

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 1:54

DOCUMENT # 621110 (6)

1. Corporation Name

SHORES CONTRACTORS, INC.

Principal Place of Business

2809 BIRD AVE
STE 289
MIAMI FL 33133
US

Mailing Address

2809 BIRD AVE
STE 289
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1928038

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 4000 Towerside Ter.

2a. Mailing Address

26 4000 Towerside Ter.

State Apt # etc

State Apt # etc

22 1910

27 1910

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip Country

Zip Country

24 33138

25 USA

29 33138

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, WAYNE
2809 BIRD AVE
STE 289
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000 Towerside Ter.

83 #1910

84 City

Miami

FL

85 Zip Code

33138

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

Signature of Officer or Director (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P
2. NAME	ROSEN, WAYNE
3. STREET ADDRESS	2809 BIRD AVE #289
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	4000 Towerside Ter. #1910
4. CITY, ST, ZIP	Miami, FL 33138
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. Further, I 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 registered agent or the person responsible for preparing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Wayne Rosen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE ROSEN

(305) 899-9027

3/23/95