

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

FILED  
Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000061993 (7)

1. Corporation Name  
SHANY FREIGHT CO. INC



Principal Place of Business  
5850 LAKE HURST DRIVE  
SUITE 150-34  
ORLANDO FL

Mailing Address  
5850 LAKE HURST DRIVE  
SUITE 150-34  
ORLANDO FL 32819-8386

3. Date Incorporated or Qualified 07/24/1996  
3a. Date of Last Report

21	2. Principal Place of Business 1057 S. HIAWASSEE RD. Suite, Apt #, etc SUITE : 1927 City & State ORLANDO, FLORIDA Zip 32835	25	25a. Mailing Address 1057 S. HIAWASSEE RD Suite, Apt #, etc. SUITE : 1927 City & State ORLANDO, FLORIDA Zip 32835	29	29a. Mailing Address 1057 S. HIAWASSEE RD Suite, Apt #, etc. SUITE : 1927 City & State ORLANDO, FLORIDA Zip 32835	30	30a. Mailing Address 1057 S. HIAWASSEE RD Suite, Apt #, etc. SUITE : 1927 City & State ORLANDO, FLORIDA Zip 32835	4. FEI Number 65-0682777	Applied For Not Applicable
22	22a. Mailing Address SUITE : 1927	27	27a. Mailing Address SUITE : 1927	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
23	23a. Mailing Address ORLANDO, FLORIDA	28	28a. Mailing Address ORLANDO, FLORIDA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

9. Name and Address of Current Registered Agent VEGA, JOSE M 25 S.E. 2ND AVE. #201 MIAMI FL 33131	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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / VP / S RHOLMER LAUZADA JUNIOR	<input type="checkbox"/>	DELETE
NAME	RUA HENRIQUE CORDEIRO 270 APT 2105	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BARRA DA TIJUCA, RIO DE JANE BRAZIL	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	D	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIAGIO CARMINE MATURO JUNIOR	2.1 TITLE	
STREET ADDRESS	AVE. DAS AMERICAS 555, #217	2.2 NAME	
CITY - ST - ZIP	BARRA DA TIJUCA, RIO DE JANE BRAZIL	2.3 STREET ADDRESS	
TITLE	D	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRE B DA SILVA	3.1 TITLE	
STREET ADDRESS	6630 INDIAN CREEK DR., #201	3.2 NAME	
CITY - ST - ZIP	MIAMI BEACH FL 33141	3.3 STREET ADDRESS	
TITLE	D / P	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS FERNANDO SANDERA	4.1 TITLE	
STREET ADDRESS	5850 LAKE HURST DR, #150-34	4.2 NAME	
CITY - ST - ZIP	ORLANDO FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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. I am attaching with an attachment with an address.

SIGNATURE: *Rholmer Lauzada Junior* DATE: 3/6/97 (305) 594-8556

CR2E034 (9/96)