

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000061993 (7)**  
 1. Corporation Name  
**SHANY FREIGHT CO. INC**



Principal Place of Business <b>1057 S HIWASSEE RD                  SUITE 1927                  ORLANDO FL 32835                  US</b>	Mailing Address <b>1057 S HIWASSEE RD                  SUITE 1927                  ORLANDO FL 32835                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/24/1996**

4. FEI Number  
**65-0682777** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 <b>1057 SOUTH HIWASSEE RD.</b> Suite, Apt. #, etc. <b>1927</b>	2a. Mailing Address 26 <b>1057 SOUTH HIWASSEE RD.</b> Suite, Apt. #, etc. <b>1927</b>
22 City & State 23 <b>ORLANDO, FL</b>	27 City & State 28 <b>ORLANDO - FL</b>
24 Zip <b>32.835</b> 25 Country <b>USA</b>	29 Zip <b>32.835</b> 30 Country <b>USA</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHOLMER LAUZADA JUNIOR</b>	1.2 NAME	
STREET ADDRESS	<b>RUA HENRIQUE CORDEIRO 270 APT 2105</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARRA DA TIJUCA, RIO DE JANE</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS FERNANDO SANDERA</b>	2.2 NAME	
STREET ADDRESS	<b>5850 LAKE HURST DR, #150-34</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	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: *[Handwritten Signature]* **041308**

CR2E034 (10/97)