FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # 160092 (3)

1. Corporation Name
SHORES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2809 BIRD AVE., STE. 289 MIAMI FL 33133	2809 BIRD AVE., STE. 289 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1950
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4000 Towerside Ter.
Suite, Apt. #, etc.
22 1910
City & State
23 Miami, FL.
Zip 24 33138 Country 25 USA

2a. Mailing Address
26 4000 Towerside Ter.
Suite, Apt. #, etc.
27 1910
City & State
28 Miami, FL.
Zip 29 33138 Country 30 USA

4. FEI Number: 59-0607035 ☐ 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

9. Name and Address of Current Registered Agent

TANNEN, HAROLD
175 FONTAINEBLEAU BLVD.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Sam Rosen
82 Street Address (P.O. Box Number is Not Acceptable): 4000 Towerside Ter.#1910
83
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: Sam Rosen, Pres. 2/16/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition	
NAME	ROSEN, SAM	1.2 NAME		
STREET ADDRESS	2809 BIRD AVE. #289	1.3 STREET ADDRESS	4000 Towerside Ter.#1910	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33138	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition	
NAME	TANNEN, HAROLD	2.2 NAME		
STREET ADDRESS	175 FONTAINEBLEAU BLVD.	2.3 STREET ADDRESS	DELETE ENTIRELY	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition	
NAME	ROSEN, PHYLLIS	3.2 NAME		
STREET ADDRESS	2809 BIRD AVE. #289	3.3 STREET ADDRESS	4000 Towerside Ter. #1910	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl 33138	
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, 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: Sam Rosen, Pres. 2/16/95 (305) 899-9027
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136000 CP