

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 223993

(7)

1. Corporation Name

SHANGRI-LA HOUSE, INC

Principal Place of Business

428 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address

428 COLLINS AVENUE
MIAMI BEACH FL 33139-6655



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1959		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6071210		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

OFELIA REITMAN
428 COLLINS AVE # 9
MIAMI BEACH FL. 33139

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 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. This 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 a registered agent. See s. 607.0505, Florida Statutes.

SIGNATURE

OFELIA REITMAN

SECRETARY

FEBRUARY 20 1997

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered agent signature required with this statement)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P AMARO GILBERT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	428 COLLINS AVE #1	1.2 NAME	
STREET ADDRESS	MIAMI BEACH, FL. 33139	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V ROGOFF, THERESA ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	428 COLLINS AVE.	2.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST OFELIA REITMAN ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	428 COLLINS AVE #9	3.2 NAME	
STREET ADDRESS	MIAMI BEACH, FL. 33139	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T FREIDMAN, HERBET ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	428 COLLINS AVE	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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:

OFELIA REITMAN

FEBRUARY 20 1997

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