

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **670554** (5)
1. Corporation Name
SHMI, INC.

Principal Place of Business 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146	Mailing Address 4675 PONCE DE LEON BLVD. 305 CORAL GABLES FL 33146 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/08/1980	
4. FEI Number 59-2493259		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			

9. Name and Address of Current Registered Agent STINSON, LOUIS JR. 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146				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

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

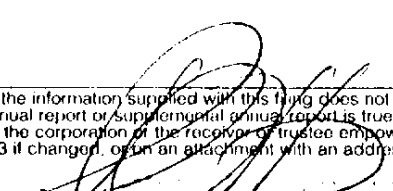
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HARRINGTON, NEAL L			1.2 NAME			
STREET ADDRESS	899 S. AMERICA WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☒ Change ☐ Addition		
NAME	HARRINGTON, STEPHEN C			2.2 NAME			
STREET ADDRESS	899 S. AMERICA WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	STINSON, LOUIS JR.			3.2 NAME			
STREET ADDRESS	4675 PONCE DE LEON BLVD., SUITE 305			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33146			3.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	CALERO, LUCIA			4.2 NAME			
STREET ADDRESS	899 S. AMERICA WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			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 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:

 President

305 358-5221

CR2E034 (10/97)