

F02354

LAW OFFICES OF
PETER M. COMMETTE, P.A.
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33316

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Fax: (954) 764-1478
E-Mail: PMCommette@aol.com
Web Site: www.lawyers.com/commettelaw

October 4, 2001

Secretary of State - Florida Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Shaina, Inc.

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-10/08/01--01029--015
*****35.00 *****35.00

Gentlemen:

Enclosed please find the following documents for filing with your office:

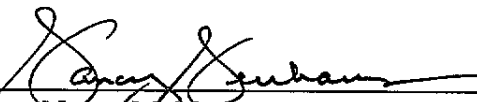
1. Statement of Change of Registered Office and Registered Agent; and
2. Acceptance by Peter M. Commette, Esquire.

Also enclosed is our firm check in the amount of \$35.00 representing your fee for filing the enclosed and your correspondence of September 13, 2001.

Please contact the undersigned if you have any questions.

Very truly yours,

PETER M. COMMETTE, P.A.

By: 
Nancy M. Neuhaus, Paralegal

/nmn

Enclosures: As indicated

F:\Clients\Non-Litigation\Shaina Inc dba Slakoff Cramer\Sec-State Reg Agent Transmittal.wpd

FILED
01 OCT -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/9/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 13, 2001

Nancy M. Neuhaus, Paralegal
1323 Southeast Third Avenue
Ft. Lauderdale, FL 33316

SUBJECT: SHAINA, INC.
Ref. Number: F02354

We have received your document for SHAINA, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 401A00051518

LAW OFFICES OF
PETER M. COMMETTE, P.A.
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FORT LAUDERDALE, FLORIDA 33316

Office: (954) 764-0005
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Web Site: www.lawyers.com/commettelaw

September 8, 2001

Secretary of State - Florida Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Shaina, Inc.

Gentlemen:

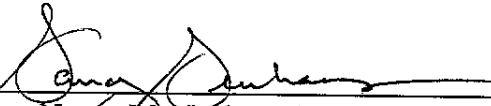
Enclosed please find the following documents for filing with your office:

1. Statement of Change of Registered Office and Registered Agent; and
2. Acceptance by Peter M. Commette, Esquire.

Please contact the undersigned if you have any questions.

Very truly yours,

PETER M. COMMETTE, P.A.

By: 
Nancy M. Neuhaus, Paralegal

/nmn

Enclosures: As indicated

cc: Mark and Jan G. Slakoff (with enclosures)

F:\Clients\Non-Litigation\Shaina Inc dba Slakoff Cramer\Sec-State Reg Agent Transmittal.wpd

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of §607.0501, §607.0502, or §607.1508, §, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered office and registered agent in the State of Florida.

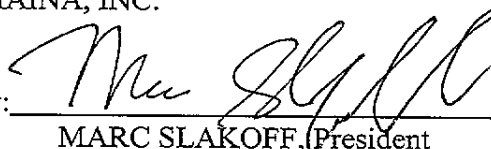
1. The name of the Corporation is SHAINA, INC.
2. The name and address of its present registered agent is:

MARC SLAKOFF
1525 S. Andrews Avenue
Fort Lauderdale, FL 33301
3. The name and street address to which its registered agent will be located at:

PETER M. COMMETTE, ESQ.
Peter M. Commette, P.A.
1323 Southeast 3d Avenue
Fort Lauderdale, FL 33316
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are not identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

SHAINA, INC.

By: _____


MARC SLAKOFF, President

CORPORATE SEAL

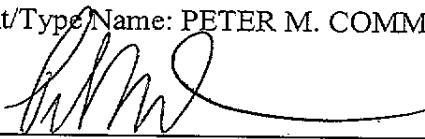
DATE: April 19, 2001

FILED
01 OCT - 8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: PETER M. COMMETTE, ESQ.

Signature: 
PETER M. COMMETTE, ESQ.

Date: April 19, 2001

F:\Clients\Non-Litigation\Shaina Inc dba Slakoff Cramer\Reg Agent Change.wpd