


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90153 046 \*\*\*150.00

0556460

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F54268</b>			
1. Corporation Name <b>SHAMIRA - POMPAHO HOLDING, INC.</b>			
Principal Place of Business <b>234 EGLINTON AVE. EAST</b> <b>SUITE 606</b> <b>TORONTO, ONT. CANADA 20436-6255</b>		Mailing Address <b>234 EGLINTON AVE. EAST</b> <b>SUITE 606</b> <b>TORONTO, ONT. CANADA 20436-6255</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent <b>KLEIN, SHAMIRA</b> <b>C/O BEDZOW, KORN &amp; KORN P.A.</b> <b>20803 BISCAYNE BLVD., STE. 200</b> <b>AVENTURA FL 33180</b>		10. Name and Address of New Registered Agent 81 Name <b>Shamira Klein, Esq.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O Berman Wolfe &amp; Rennett, P.A.</b> 83 <b>100 Southeast 2nd Street, Suite 3500</b> 84 City <b>Miami, FL</b> 85 Zip Code <b>33131</b>	
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 <i>Shamira Klein</i> <b>Shamira Klein, Esq.</b> DATE <b>1-26-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>KLEIN, HAIM</b> STREET ADDRESS <b>234 EGLINTON AVE.E.#606</b> CITY-ST-ZIP <b>TORONTO, ONTARIO,CANAD</b>		1.1 TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>SHAMIRA KLEIN</b> 1.3 STREET ADDRESS <b>100 SE 2nd Street, Suite 3500</b> 1.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	
TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>KLEIN, VIKTOR</b> STREET ADDRESS <b>234 EGLINTON AVE., STE. 606</b> CITY-ST-ZIP <b>TORONTO ON</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>KLEIN, HAIM</b> STREET ADDRESS <b>234 EGLINTON AVE., 606</b> CITY-ST-ZIP <b>TORONTO ON</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)