

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90007 026 ***150.00

0313018

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005857

1. Corporation Name
SHOW LOGISTICS INTERNATIONAL, INC.



Principal Place of Business
**10500 NW 50TH STREET, STE 201
 SUNRISE FL 33351**

Mailing Address
**10500 NW 50TH STREET, STE 201
 SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 10494 NW 50 St
 Suite, Apt. #, etc.

2a. Mailing Address
26 10494 NW 50 St
 Suite, Apt. #, etc.

22 City & State
23 Sunrise FL

27 City & State
28 Sunrise FL

24 Zip
25 USA

29 Zip
30 USA

3. Date Incorporated or Qualified
11/08/1996

4. FEI Number
11-3281451

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MUNOZ, THERESA
10500 NW 50TH STREET, STE 201
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name **El-Hila, Riadh**

82 Street **10494 NW 50 St.**

83

84 City **Sunrise** FL 85 Zip Code **33351**

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 607.0605, Florida Statutes.

SIGNATURE **Riadh el-Hila Pres.** 1-7-99 **SEA**

NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME EL-HILA, RIADH	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10500 NW 50 ST, STE 201	CITY-ST-ZIP SUNRISE FL 33351	1.2 NAME	
TITLE ST	NAME MUNOZ, THERESA	1.3 STREET ADDRESS 10494 NW 50 St.	
STREET ADDRESS 10500 NW 50 ST, STE 201	CITY-ST-ZIP SUNRISE FL 33351	1.4 CITY-ST-ZIP Sunrise FL 33351	
TITLE	NAME	2.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Cabrera Jaime A.	
TITLE	NAME	3.3 STREET ADDRESS 10494 NW 50 St.	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP Sunrise FL 33351	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Munoz, Maxima J	
TITLE	NAME	4.3 STREET ADDRESS 10494 NW 50 St.	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP Sunrise FL 33351	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **Riadh el-Hila Pres.** 1-999 954 746-
 DATE: _____ DAYTIME PHONE #: **2999**

CR2E034 (11/98)