

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA
STATE OF FLORIDA
1995



DEPARTMENT OF STATE
SHERIFF H. McLAUGHLIN
SECRETARY OF STATE
RECEIVED IN FLORIDA STATE DEPARTMENT
MAY 11, 1995

APPROVED
AND
FILED

REC'D BY - 1 AM 5/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G41956

(5)

SHAMAN INVESTMENTS, INC.

REGISTRATION NUMBER

REGISTRATION NUMBER

1. ROBERT ADER
25 W. FLAGLER ST. SUITE 1010
MIAMI FL 33130-1713

1. ROBERT ADER
25 W. FLAGLER ST. SUITE 1010
MIAMI FL 33130-1713

2. Name and Address of Registered Agent
21 100 S.E. 25T.
22 SUITE 3320
23 MIAMI, FL.
24 33131 25

26 100 S.E. 25T.
27 SUITE 3320
28 MIAMI, FL.
29 33131 30

3. Incorporation Date / Registered Agent	38. Date of Last Report
06/02/1983	04/11/1994
4. U.L. Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-2788432	
5. Certificate of Status Required	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution	\$5.00 May Be Added to Fees
B. The corporation is subject to filing an annual report under the Florida Statutes.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADER, ROBERT
25 W FLAGER ST.
MIAMI FL 33125

81. Name	82. Street Address
	100 S.E. 25T.
83.	SUITE 3320
84. City	MIAMI
	FL 33131

11. I, Robert Ader, do hereby declare that the above numbered information contains the statement of my personal residence after incorporation, prior to or on the date of filing. This article was authorized by the corporation named in block 10, and is not the appointment of a registered agent. I am duly sworn and declare that the above is true to the best of my knowledge, truth and belief.

Subscribed and sworn to before me this 11th day of May, 1995.

12. DPS
KOBRIN, HAL
5908 SW 114TH AVENUE
COOPER CITY FL

13. Name of Agent	Address of Agent	Phone Number	City	State	Zip
1. NAME	1. ADDRESS	1. PHONE	1. CITY	1. STATE	1. ZIP
2. NAME	2. ADDRESS	2. PHONE	2. CITY	2. STATE	2. ZIP
3. NAME	3. ADDRESS	3. PHONE	3. CITY	3. STATE	3. ZIP
4. NAME	4. ADDRESS	4. PHONE	4. CITY	4. STATE	4. ZIP
5. NAME	5. ADDRESS	5. PHONE	5. CITY	5. STATE	5. ZIP
6. NAME	6. ADDRESS	6. PHONE	6. CITY	6. STATE	6. ZIP
7. NAME	7. ADDRESS	7. PHONE	7. CITY	7. STATE	7. ZIP
8. NAME	8. ADDRESS	8. PHONE	8. CITY	8. STATE	8. ZIP
9. NAME	9. ADDRESS	9. PHONE	9. CITY	9. STATE	9. ZIP
10. NAME	10. ADDRESS	10. PHONE	10. CITY	10. STATE	10. ZIP
11. NAME	11. ADDRESS	11. PHONE	11. CITY	11. STATE	11. ZIP
12. NAME	12. ADDRESS	12. PHONE	12. CITY	12. STATE	12. ZIP
13. NAME	13. ADDRESS	13. PHONE	13. CITY	13. STATE	13. ZIP
14. NAME	14. ADDRESS	14. PHONE	14. CITY	14. STATE	14. ZIP
15. NAME	15. ADDRESS	15. PHONE	15. CITY	15. STATE	15. ZIP
16. NAME	16. ADDRESS	16. PHONE	16. CITY	16. STATE	16. ZIP
17. NAME	17. ADDRESS	17. PHONE	17. CITY	17. STATE	17. ZIP
18. NAME	18. ADDRESS	18. PHONE	18. CITY	18. STATE	18. ZIP
19. NAME	19. ADDRESS	19. PHONE	19. CITY	19. STATE	19. ZIP
20. NAME	20. ADDRESS	20. PHONE	20. CITY	20. STATE	20. ZIP

14. I, Robert Ader, certify that the information supplied with this filing is voluntary, furnished and filed for the exception stated in Part One of Chapter 11 of the Florida Statutes. I further certify that the address given indicated on this document is correct and supplemental annual reports will be filed at this address, and that no update shall have the attorney listed in block 10 or block 11 change his or her office location or an office located with an address.

SIGNATURE: *Hal Kобрин* / Hal KOBRIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-95