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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

J99770 **DOCUMENT #** 1. Corporation Name

(6)

SHEER	2	<b>QEYV</b>	INC.
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Principal Place of Business C/O M.Z. WHOLESALE 721 W. B3RD. ST.

Mailing Address

C/O M.Z. WHOLESALE 721 W. B3RD. ST.



Suite, Apt. #, etc.  Suite, Ap	plicable tional
Suite, Apt. #, etc.	
City & State 6. Election Campaign Financing \$5.00 M	ea
Trust Fund Contribution Added to	ees
Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199	)32,
24 25 29 30 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
HALABI, ZENAT  82 Street Address (P.O. Box Number is Not Acceptable)	
721 W. 83RD. ST. HIALEAH FL 33014	
84 City FL 85 Zip Co	

11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE	grature, typed or purified harve of regularies a policy diffe	Taran Salah Maran	Registero i Agent signature regioned s	when rensharing
	unature, typed or pricted name of regularized a politic difference of PERS AND DIR		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	1 1 TITLE	Change Addition
TITLE	DP		1.2 NAME	
NAME	HALABI, ZENAT		13 STREET ADDRESS	
STREET ADDRESS	721 W. 83RD. ST.			
CHTY - ST - ZIP	HIALEAH FL		1.4 CHY-ST-206	Change Addition
TOLE	D	☐ DELETE	2 1 TI!LF	<del></del>
NAMÉ	HALABI, MOHAMED		2.2 NAME	
STREET ACORESS	721 W. 83RD. ST.		2.3 STREET ADDRESS	
CITY-S1-ZIP	HIALEAH FL		2.4 CITY - ST - ZIP.	Change Addition
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NAME			3.2 NAME	
\			3.3 STREET ADDRESS	
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NAME			4.3 STREET ADDRESS	-05/02/3601036007
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TITLE		T treet it	5.2 NAME	
NAME			V	
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CITY-ST-ZIP			5 4 CITY - ST - ZIP	Change Adden
	4	L DELETE	C 4 T(1) C	<b>L</b> - ··· • · L ·

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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. 6 4 CITY - S1 - ZIP

6.1 Tille

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

TITLE

NAME

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELE1E

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