SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60662** **(9)**

1. Corporation Name

SHAREEN FOOD & BEVERAGE CORPORATION

Principal Place of Business	Mailing Address
503 W. LANTANA ROAD LANTANA FL 33462	503 W. LANTANA ROAD LANTANA FL 33462

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 1675 WILTSHIRE Village DR.
Suite, Apt. #, etc.
27
City & State
28 WELLINGTON FL
Zip / Country
29 33414 / 30 PALM BEACH

4. FEI Number: 65-0102144 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOVOA, SALVADOR A
503 W LANATANA RD
LANATANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	NOVOA, VILMA L		1.2 NAME		
STREET ADDRESS	503 W. LANTANA ROAD		1.3 STREET ADDRESS	1675 WILTSHIRE VILLAGE DR.	
CITY-ST-ZIP	LANTANA FL		1.4 CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VST	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	NOVOA, SALVADOR A		2.2 NAME		
STREET ADDRESS	503 W. LANTANA ROAD		2.3 STREET ADDRESS	1675 WILTSHIRE VILLAGE DR	
CITY-ST-ZIP	LANTANA FL 33462		2.4 CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME			3.2 NAME	VIVIAN L NOVOA	
STREET ADDRESS			3.3 STREET ADDRESS	1675 WILTSHIRE VILLAGE DR.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Salvador A Novoa 1/31/96 561 585 2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0099621 CP