

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 # K64205 (3)

1. Corporation Name

SHIRANA INC.



Principal Place of Business

Mailing Address

2419 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

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HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 02/02/1989	3a. Date of Last Report 08/14/1995
4. FEI Number 65-0123788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMALDI, NINA  
175 FOUNTAINBLEAU BLVD  
SUITE 1-D  
MIAMI FL 33172

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	ROOPNARINE, RAJKUMAR	12 NAME	
STREET ADDRESS	P.O. BOX 526608 N/A	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33152	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	
NAME	LILAWATTIE ROOPNARINE	22 NAME	
STREET ADDRESS	P.O. BOX 526608 N/A	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33152	24 CITY - ST - ZIP	
TITLE		31 TITLE	VP. PARINDRA ROOPNARINE
NAME		32 NAME	N/A
STREET ADDRESS		33 STREET ADDRESS	21 P O BOX 526608
CITY - ST - ZIP		34 CITY - ST - ZIP	MIAMI FL 33152
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	800001925598
NAME		62 NAME	-08/19/96--01045--006
STREET ADDRESS		63 STREET ADDRESS	***225.00
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 included 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 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 954-920-9435

CR2E034 (3/96)