Applied For

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1.40070

SHIGAOFF INTERNATIONAL, IN	C.			
Principal Place of Business	Mailing Address			
3294 STIRLING ROAD HOLLYWOOD FL 33021	3294 STIRLING ROAS HOLLYWOOD FL 330			
	D. Mailler Address			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc			
22	27			
City & State	City & State			
City & State	28			
City & State	<b>⊢</b> , ′			

3294 STIRLING ROAD HOLLYWOOD FL 33021

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90041 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/04/1990

65-0165136

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1		Iditional		
22		27					ee Req		i	
City & State		City & State			6. Election Campaign Financing		5. <b>00</b> м			
23		28			Trust Fund Contribution		dded to	Fees	ĺ	
Zip	Country	Zip _	Countr	у	8. This corporation owes the current year Intangible					
24	25		30		Personal Property Tax.				ı	
9. Name and Address of Current Registered Agent				I Manage	10. Name and Address of New Ro	egistered Agent				
A 71 II	AV ACHED		81	Name						
AZULAY, ASHER 3294 STIRLING ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)						
			_							
HOL	LYWOOD FL 33021		83	3					ı	
		•	84	City		85	Zip Co	ode	ĺ	
			-			FL [ ]	· ·		l	
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	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Age	ent signature require		DATE			6	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				5	
TITLE	P	☐ DELETE	1.1 TITLE	ļ.	PRESIYEN	Пс	hange	Addition	7	
NAME	azulay, asher	•	1.2 NAME		AZULAY ASHER.	A-			3	
STREET ADDRESS	4740 N 36 CT	÷	1.3 STREI	TADDRESS 3	620 VALAIS DRIV				[	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-	ST-ZIP	40HAIDON FL	32004			ؤ	
TITLE		☐ DELETE	2.1 TITLE			c	hange	☐ Addition	١٠	
NAME			2.2 NAME	1	,			1	(	
STREET ADDRESS			2.3 STREI	ET ADDRESS		•		, ,		
CITY-ST-ZIP	·		2. 4 CITY-	ST-ZIP						
TITLE	,	☐ DELETE	3.1 TITLE			□c	hange	☐ Addition	ı	
NAME	<b>.</b> .		3.2 NAME			-			ı	
STREET ADDRESS			3.3 STREE	ET ADORESS					ı	
CITY-ST-ZIP			3.4. CITY-	ST-7IP					ı	
TITLE		☐ DELETE	4.1 TITLE				hange	☐ Addition	l	
NAME			4. 2 NAME	.						
STREET ADDRESS			4.3 STREE	ET ADDRESS						
CITY-ST-ZIP	•		4.4 CITY-	ST-7IP						
TITLE		☐ DELETE	5.1 TITLE	ÿ			hange	Addition	1	
NAME			52 NAME			, , .				
STREET ADDRESS	<del>jan anggar é aguéga ar a</del> guille		5.3 STRE	TADDRESS	<del>————————————————————————————————————</del>	in the state of th				
		•	5.4 CITY-	ST-ZIP		•				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			ПС	hange	Addition	ĺ	
			6.2 NAME			مرسد المالا	•	_		
NAME				ET ADDRESS						
STREET ADDRESS			6.4 CITY-	İ				j		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify.			Section 119 07/3Vi) Florida Statutes I	further certify the	it the inf	ormation	i	
indicated	eruny unat the information supplied with	ans many does not quality for i	ui <del>c</del> exemp	at my eignetur	e shall have the same legal effect as if	made under oath	that L	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR