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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L64737

(4)

FILED May 19 1997 8:00am Secretary of State

SHIRAH INVESTMENTS, INC. Principal Place of Business Mailing Address C/O MORTON LIFSHUTZ 17240 N.E. 12TH AVENUE 17240 N.E. 12TH AVENUE NO. MIAMI BEACH FL 33162 NO. MIAMI BEACH FL 33162					3. Date Incorporated or Qualified 3a. Date of Last Report				
						04/09/1990		08/1996	,
, .	Place of Business	2a. Mailing Address				4. FEI Number 65-0189489		 	oplied For
21 Suite, Ap	t. #r. etc	Suite, Apt. #, etc.					<u> </u>		ot Applicable Additional
22		27				5. Certificate of Status Desire	od 🔲		equired
City & Sta	alo	City & State				6. Election Campaign Financ			May Be
23 Zip	Country	28	Cou	intry		Trust Fund Contribution 8. This corporation has liability	t. for intensible		to Fees
24	25	29	30	,		Fiorida Statutes		No	. 199.032,
	9. Name and Address of Curre		1			10. Name and Address of No	w Registered	Agent	
	SHUTZ, MORTON		Ì	B1	Name				
	240 N.E. 12TH AVENUE		ļ	82 5	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		
NC). MIAMI BEACH FL 33162			B3					
					····	T	····		
				84 (City		FL	85 Zip	Code
11. Pursuar	nt to the provisions of Sections 607.05	502 and 607 1508. Florida Statut	es, the al	bove-r	named corpo	oration submits this statement for	r the purpose of	if changing i	ia iodialai ed
11. Porsuar office of agent 1 SIGNATURE	it to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli							of changing in contract as	registered
	Signature typed or printed name of registered a					d when reinstating)	DATE		
SIGNATURE	Styneture typicd or printed name of registered a OFF ICERS AI	gent and title day plicable (NOT	E Registered	d Agent s			DATE		
SIGNATURE	Styneture sylect or printed name of registered a OFFICERS AI D LIFSHUTZ, YVONNE	gent and title-Lapplicable (NOT ND DIRECTORS	E: Registered	d Agent s		d when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAM: STREET ADDRESS	Signature Typical or profited name of registered a OFFICER'S AI D LIFSHUTZ, YVONNE 17240 N.E. 12TH AVE.	gent and title-Lapplicable (NOT ND DIRECTORS	13, 1.1 TH 1.2 NA 1.3 ST	d Agent of TLE AME TREET AD	signature required	d when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAM: STREET ADDRESS COY-SI-76	Signeture Typicd or printed name of registered a OFF ICERS AI D LIFSHUTZ, YVONNE 17240 N.E. 12TH AVE. N. MIAMI BEACH FL	gent and life-if aj geleable (NOT NO DIRECTORS DELETE	E: Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Ci	d Agent of TLE AME TREET AD	signature required	d when reinstating)	DATE	D DIRECTOR Change	RS IN 12
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SIGNATURE 12. 1914 MAM: STREET ADDRESS 00.Y-ST-7/P THE NAME	D LIFSHUTZ, YVONNE 17240 N.E. 12TH AVE. N. MIAMI BEACH FL D LIFSHUTZ, JACK	uent and title 4 grossable (NOT NO DIRECTORS DELETE	E: Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Ci 2.1 Til 2.2 NA 2.3 ST	d Agent of TLE AME TREET AD (TY-ST-) TLE AME	algnature required DDRESS ZIP	d when reinstating)	DATE	D DIRECTOR Change	RS IN 12 Addition Addition
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I do hereby certify that the information supplied with his limit of the exemption state in resolution 175.05(f), Florida Statotes. Turner of the information indicated on this annual report or supplemental annual eport 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 receive for 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 are that imment with an experience.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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