

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L71471 (1)**  
 1. Corporation Name  
**FLORIDA SUNSHADE CORP.**



Principal Place of Business <b>1925 BRICKELL AVE D-801 MIAMI FL 33129 US</b>	Mailing Address <b>1925 BRICKELL AVE D-801 MIAMI FL 33129-1737 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/07/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21. <b>6416 N.W. 5<sup>th</sup> Way</b>	26. <b>6416 N.W. 5<sup>th</sup> Way</b>	4. FEI Number <b>65-0212840</b>		Applied For Not Applicable	
22. <b>FL</b>	27. <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. <b>Fort Lauderdale, FL</b>	28. <b>Fort Lauderdale, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. <b>33309</b>	25. <b>USA</b>	29. <b>33309</b>		30. <b>USA</b>	

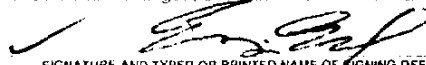
9. Name and Address of Current Registered Agent <b>GOLDSTONE, RICHARD PA 2300 W SAMPLE RD STE 202 POMPANO BEACH 33073</b>		10. Name and Address of New Registered Agent			
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.	
84. City		85. Zip Code		<b>FL</b>	

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 \_\_\_\_\_  
(NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESKANDRY, EZRA</b>		1.2 NAME <b>same</b>	
STREET ADDRESS <b>1925 BRICKELL AVE D-801</b>		1.3 STREET ADDRESS <b>6416 N.W. 5<sup>th</sup> Way</b>	
CITY- ST- ZIP <b>MIAMI FL</b>		1.4 CITY- ST- ZIP <b>Fort Lauderdale, FL 33309</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **3/5/97** Daytime Phone #: **954 772-2700**

CR2E034 (9/96)