

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

FILED
May 14 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M17754 (6)
1. Corporation Name
SHENJR ENTERPRISES, INC.

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| Principal Place of Business % VICTOR L. NUNBERG 420 LINCOLN RD. S-235 MIAMI BEACH FL 33139 | Mailing Address % VICTOR L. NUNBERG 420 LINCOLN RD. S-235 MIAMI BEACH FL 33139 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 20900 West Dixie Hwy Suite, Apt. #, etc. 22 A City & State 23 N. MIAMI BEACH FL Zip 24 33180 Country 25 USA | | 2a. Mailing Address 26 20900 West Dixie Hwy Suite, Apt. #, etc. 27 A City & State 28 N. MIAMI BEACH FL Zip 29 33180 Country 30 USA | | 3. Date Incorporated or Qualified 07/09/1985 | 4. FEI Number NOT APPLICABLE 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent NUNBERG, VICTOR L. 420 LINCOLN RD. S-235 MIAMI BEACH FL 33139 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20900 West Dixie Hwy Suite A 83 84 City NORTH MIAMI BEACH FL 85 Zip Code 33180 | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUNBERG, VICTOR L. | 1.2 NAME | |
| STREET ADDRESS | 1110 N. E. 165 TERR. | 1.3 STREET ADDRESS | 20900 West Dixie Hwy Suite A |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 1.4 CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 |
| TITLE | | 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 | | 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 | | 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 | | 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 | | 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 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: _____

4/24/98 305 937-2667

CR2E034 (10/97)