FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M49778 (7)

1. Corporation Name

SHIRAN D.T.S., INC.

Principal Place of Business	Mailing Address
3685 NW 36TH STREET 100 N.E. 84 STREET MIAMI FL 33142 US	~~C/O WRG. CPA, PA~~ ~~POST OFFICE BOX 3965~~ ~~BOCA RATON FL 33427~~ ~~US~~

3. Date Incorporated or Qualified: 04/03/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2837668 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3685 NW 36TH ST	26 3685 NW 36TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI
Zip 24 33142 — Country 25 US	Zip 29 33142 — Country 30 US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has satisfied the intangible tax under s. 199.052, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEN-OR, PESSAH 3685 N.W. 36TH ST MIAMI FL 33142	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D/V ☐ Change ☒ Addition
NAME	BEN-OR, PESSAH	NAME	ERAW BEN-OR
STREET ADDRESS	495 CENTER ISLAND	STREET ADDRESS	3685 NW 36TH ST
CITY-ST-ZIP	GOLDEN BEACH FL	CITY-ST-ZIP	MIAMI FL 33142
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-28-95 — Daytime Phone #

0436741 FP