

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M56485

1. Corporation Name

SHERBROOKE INVESTMENTS, INC.

Principal Place of Business

C/O DAN SHERMAN
11620 SW 99 ST.
MIAMI FL 33176

Mailing Address

C/O DAN SHERMAN
11620 SW 99 ST.
MIAMI FL 33176

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

REINSTATEMENT 99

3. Date Incorporated or Qualified

07/30/1987

4. FEI Number

65-0043902

5. Certificate of Status Desired

6. Election Campaign Financing

7. This corporation owes the current year

Intangible Personal Property.

8. This corporation owes the current year

Intangible Personal Property.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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

11-15-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: Dan Sherman

10-26-99

(305) 595-2267

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