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				papara sa regerencia de la como	e e e e e e e e e e e e e e e e e e e	
AMOUNT DU	TICE: CORPORATION WILL BE E			· •		
	PROFIT PORATION	4 4	TENT OF STATE			
ANNU	IAL REPORT	Secretary	ाई सिंबागांड / of State	FILED		
	1999	DIVISION OF CORPORATIONS		99 NOV 19 PM 2: 10		
DOGUI 1. Corporation	MENT # M5648 5	5				
SHERBR	OOKE INVESTMENTS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principa Place	e of Business	Mailing Address	<u> </u>			
C/O DAN SHER 11620 SW 99 S		C/O DAN SHERMAN 11620 SW 90 ST.		DENICTATEM	NT GG	
MIAMI FL 33176		MIAMI FL 33178		REINSTATEME	ANS ACE	
				3. Date incorporated or Qualified 07/30/1987	SP	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0043902	Not Applicable \$8.75 Additional	
City & Stat	^	27 City & State		6. Ostania di Gizza Dodico	Fee Required	
23	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Ba Added to Fees	
Zip 24	Country 25	Zip 29	Country	This corporation owes the current year Intengible Personal Property.	Yes No	
241	9. Name and Address of Curren			16. Name and Address of New Registe		
	RMAN, DAN		81 Name			
11620 SW 99 ST. MIAMI FL 33176						
mrw	N FL 331/0		83			
			84 City		FL 85 Zip Code	
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, it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
agent. I a SIGNATURE	Non Xuen	va			1-15-97	
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOT	E: Registered Agent eigneture requ 13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D CHOOSE DAVID C	DELETE	1.1 TITLE		Change Addition	
NAME STREET ADDRESS	SHOREY, DAVID C. ROCKLEY RESORT APT. 321		1.2 NAME 1.3 STREET ADDRESS	00000305 -12/0 <u>2/</u> 99-	89709	
CITY-ST-ZIP	BARBADOS, W. I.		1.4 CITY-ST-ZIP	-12/02/99- ****750.0		
TITLE NAME	D Sherman, Dan	☐ DELETE	2.1 TITLE 2.2 NAME	ተ ተተተ 1 JU ₁ Ų	O THE PERSON OF	
STREET ADDRESS	11620 S.W. 99TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	Dr. Fre	2.4 CITY-ST-ZIP			
NAME		LI DELETE	3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	,	Change Addition	
NAME		<u></u>	5.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	·	+	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	<u> </u>	Change Addition	
NAME EXPECT ADDRESS			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			8.3 STREET ADDRESS 8.4 CITY-ST-ZIP		·.	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			&4 CITY-ST-ZIP		av a sala ta	
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 ecoporation or the receiver or trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.						
SIGNATURE: Ranghem EQUIRED 10-16-99 (305) 595-1267						
SIGNAI	SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER	OR DIRECTOR	Date (303)	Deytime Phone #	