

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M59403 (9)

1. Corporation Name

SHS INFORMATICA, INC.



Principal Place of Business

**150 S.E. 2ND AVENUE, #1205
MIAMI FL 33131**

Mailing Address

**150 S.E. 2ND AVENUE, #1205
MIAMI FL 33131**

3. Date Incorporated or Qualified
09/21/1987

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21 1000 WEST AVE.

2a. Mailing Address
26 1000 WEST AVE.

4. FEI Number
65-0139677

Applied For
Not Applicable

Suite, Apt. #, etc.
22 # 1614

Suite, Apt. #, etc.
27 # 1614

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 MIAMI BEACH, FL

City & State
28 MIAMI BEACH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 33139 25 USA

Zip Country
29 33139 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARANTES, ARNALDO
150 S.E. 2ND AVENUE, #1205
MIAMI FL 33131**

**NEW ADDRESS: 1000 WEST AVE. # 1614
MIAMI BEACH, FL 33139**

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DA SILVA, GLAUCIO L.**
CITY-ST-ZIP **150 SE 2ND AVENUE #1205
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ARANTES, ARNALDO**
CITY-ST-ZIP **150 SE 2 AVE S1205
MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: **X** *Arnaldo Arantes* **04/23/96 (305) 374-4770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)