


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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M59403 (9)</b>					
1. Corporation Name <b>SHS INFORMATICA, INC.</b>					
Principal Place of Business <b>1000 WEST AVE #1614 MIAMI BEACH FL 33139 US</b>			Mailing Address <b>1000 WEST AVE #1614 MIAMI BEACH FL 33139-4731 US</b>		
2. Principal Place of Business 21 <b>1 SE 3rd. Ave.</b> Suite, Apt. #, etc. 22 <b>Suite 950</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33131</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1 SE 3rd. Ave.</b> Suite, Apt. #, etc. 27 <b>Suite 950</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33131</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/21/1987</b> 3a. Date of Last Report <b>04/30/1996</b> 4. FEI Number <b>65-0139677</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ARANTES, ARNALDO 1000 WEST AVE #1614 MIAMI BEACH FL 33139</b>			10. Name and Address of New Registered Agent 81 Name <b>ARNALDO ARANTES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>612 NW 97 Place</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33172</b>		
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>DA SILVA, GLAUCIO L.</b>				
STREET ADDRESS	<b>150 SE 2ND AVENUE #1205</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>ARANTES, ARNALDO</b>				
STREET ADDRESS	<b>150 SE 2 AVE S1205</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
14. I do 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: <i>Arnaldo Arantes</i> 04/08/97 (305) 374-4770					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)