

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:48

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M82312** (3)

1. Corporation Name
SHAMBHALA CORP.

Principal Place of Business	Mailing Address
% PAUL R. SUSSMAN SUITE 603/605 HOLLYWOOD FL 33019 US	% PAUL R. SUSSMAN SUITE 603/605 HOLLYWOOD FL 33019 US

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or Oldest)	3a. Date of Last Report
05/20/1988	06/16/1994
4. F.I.I. Number	Applied for
65-0051093	<input type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Section 687 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business		2a. Mailing Address	
21. 4201 N. OCEAN DR.	26. 4201 N OCEAN DR.	27. Suite 603/605	30. BROWARD
22. Suite 603/605	27. Suite 603/605	28. Hollywood FLA.	30. BROWARD
23. Hollywood FLA.	28. Hollywood FLA.	29. 33019	30. BROWARD
24. 33019	25. Broward	29. 33019	30. BROWARD

9. Name and Address of Current Registered Agent

SUSSMAN, PAUL R.
4201 N. OCEAN DR.
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation hereby certifies the 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, thereby accept the responsibility of the registered agent familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Paul R. Sussman* 3/8/95

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SUSSMAN, PAUL R.
STREET ADDRESS	4201 N. OCEAN DR.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VTD
NAME	PASSALACQUA, JOHN
STREET ADDRESS	4201 N. OCEAN DR.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY, ST, ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not required, for the corporation listed in the heading of this filing. I hereby certify that the information is filed on the annual report or supplemental annual report or both, and is correct and that the report shall have the same effect as if it were filed by the officer or director of the corporation or the registrar or a person empowered to receive this report as required by Chapter 687, Florida Statutes. The signature appears in Block 12, or Block 13, if changed, or on an affidavit with an address.

SIGNATURE: *John Passalacqua* John Passalacqua 3-8-95 (305) 925 0319