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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.



ELORIDA DEPARTMENT DE STATE

FILED

Jan 27 1997 8:00am

Secretary of State

0199814

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200006403 (9)

SHELL DESIGN STUDIOS, INC.

Principal Place of Business Mailing Address **6745 POINCIANA COURT** 6745 POINCIANA COURT MIAMI FL 33143 MIAMI FL 33143-3273 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1992 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0370662 26 Not Applicable Suite, Apt. #, ctc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHENKER, SHELLEY **6745 POINCIANA COURT** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 83 84 City 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. Stgriature, typict or product name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE SCHENKER, SHELLEY NAME 12 NAME **6745 POINCIANA COURT** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - 7IP 1.4 CITY - ST-ZIP DVPS TITLE DELETE 2.1 TITLE Change Addition SCHENKER, HAROLD NAME 2.2 NAME **6745 POINCIANA COURT** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition THE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TiTuE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE ____ Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - Z(P 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR