

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P92000012663 (0)

95 MAR 14 AM 10: 04

1. Corporation Name
SHAINA ADDISON, INC.

Principal Place of Business
**20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180
US**

Mailing Address
**20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **12/17/1992** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country

4. FEI Number **65-0389732** Applied For Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under B. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TRINKLER, REBECCA G
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180**

10. Name and Address of New Registered Agent
81. Name **MICHAEL BEDZOW, ESQ.**
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150, 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 jurisdiction of Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/9/95**

12. OFFICERS AND DIRECTORS

TITLE	DR
NAME	BEDZOW, MICHAEL
STREET ADDRESS	20803 BISCAYNE BLVD, STE 200
CITY - ST - ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/S/T	<input checked="" 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, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, an officer or trustee employed to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, on an affidavit, and with an address.

SIGNATURE: *[Signature]* DATE: **3/9/95** **(305) 935-6808**