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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008948 (0)

SHEBLO CORP.

FILED
May 06 1998 8:00am
Secretary of State

	- CO						
Principal Place	e of Business	Mailing Address				ilii muuk dalat ibiid lulul alabi ii	ali idel
5125 NW 77 AVENUE 5125 NW 77 AVENUE							
MIAMI FL 33166 MIAMI FL 33166					DO NOT WIDIT	IN TURÉ COACE	
					3. Date Incorporated or Qualified	E IN THIS SPACE	
					02/05/1993		
2. Principal Pl	lace of Business	20. Mailing Address			4. FEI Number	Applie	ed For
21				65-0393485		pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Add	• •	
27		27			6. Certificate of Status Desired	Fee Requi	ired
		City & State			6. Election Campaign Financing	\$5.00 ма	зу Ве
23		28			Trust Fund Contribution	Added to F	ees
Zip	Country Zip		—	8. This corporation owes or has paid the current year Intangible		-	
24	9. Name and Address of Curre	29 ant Registered Agent	30	 -	Personal Property Tax due June 10. Name and Address of New Re		10
CLI	EKMAN, STEVEN		8	Name	Hamb died Addition of How Re	Rieraran v.Railf	
	S NW 77 AVENUE						
	MI FL 33166		B	Street Add	fress (P.O. Box Number is Not Acceptal	ole)	
IMIN-	um r E 33 100		8:	 			
				ļ			
			84	City		FL 85 Zip Cod	de et
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508. Florida Stat	tutes, the above	re-named cor	poration submits this statement for the r		agistered
office or re	egistered agont, or both, in the Sta	te of Florida, Such change wa	s authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby acception	ot the appointment as reg	jistered
B.	in fairmar with, and accept the opin	ganons or, accuon por .caca,	riorida statutt	JS.			
SIGNATURE	Signature, typed or printed name of registerrid a	gont and title Lappenable (N	OfE: Registered Ap	ent signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS II	N 12
TITLE	P	DELETE 1.17				☐ Change	Addition
NAME	SHIEKMAN, STEVEN		12 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP			14 0117-	ST-ZIP			
TITLE	S DELETE		21 TITLE			☐ Change ☐	Addition
NAME	SHIEKMAN, ALEXANDRA		2 2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY - ST - ZIP	MIAMI FL		2 4 City	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			☐ Change ☐	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	ST - ZIP			_
THE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	j j			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T Dever	4.4 CITY -	ST-ZIP	1000		T 4420
TITLE	DELETE		5.1 TITLE			☐ Change	Addition
NAME CYCET ADDRESS			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -	S1-ZIP		Change	LAddison
		ריי מנינונ	61 TITLE			Change	Addition
NAME CINCET ADDRESS			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	artify that the information cyrulia	with this files of the not quality	64 CiTY-		Section 119 07/3Vi) Florida Statutos I	forth and a self of the state of the	

14. I hereby certify that the information supplied with this https://document.com/documents/supplied with this https://documents/supplied/suppli

CIGNATURE

1/28/98 (305) 559 209