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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035881 (0)

MASTERSHIELD, INC.

										<i>ê</i> (1)
Principal Place of Business Mailing Address							r inginal (12 tale) (111 adili delli Bili	# 88189 (148) E113		9) 6181 1081
10343 \$W 22ND STREET MIAMI FL 33165 US			10343 SW 22ND ST Miami Fl 33165-7974							
							3. Date Incorporated or Qualified 05/18/1993	3a. Date o		leport
	Place of Business	hr. 119	Mailing Address				4. FEI Number			pplied For
Sulte, Apt.	# atc	[26]	Suite, Apt. #, etc.				65-0410447			ot Applicable
22]			27				5. Certificate of Status Dosired See Required Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution Added to Fees			
Zip Country			Zip Goi			,	8. This corporation has liability for intangible tax under s. 199.032,			
24 25		29			10		Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registe	red Agent			r	10. Name and Address of New Re	gistered Age	nt	
	ERRA, TOMAS				81	Name				
	143 SW 22ND ST				82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33165				83					
					84	City		FL	15 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607	2.1508, Florida Stati	utes, the a	bove	Lenamed cor	rporation submits this statement for the n	urpose of ch	 angino i	ts registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida	i. Such change was Section 607 0505 -F	s authorize Florida Sta	id by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appoint	ment as	registered
SIGNATURE		general or,	0.0000, 0000, 1	ioneia otti	io io i	J.				
	Signature typed or printed name of registered a				d Ag	nt signature requ	uircd when reinstaling)	DAIL		
12.	OFFICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DPST TOMAS		□ DECETÉ	1.1 T					Change	Addition
NAME STREET ADDRESS	GUERRA, TOMAS 10343 SW 22ND ST			1.P N						
CITY-ST-ZIP	MIAMI FL					ADDRESS				
TITLE	INDAMI FE		DELETE	2.1 3	11Y - S 111 F	1.70		П	Change	Addition
NAME				2.2 N					oridings	L readition
STREET ADDRESS				2.8 S	aree i	ADDRESS				
CITY-ST-ZIP				2.40	OTY-8	S1- ZIP				
TITLE			DELFTE	3.4 T	ill f				Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELFTE			S1 - 71P			-	T A 1 Est
TITLE NAME			T DELETE	4.1.11				L	Change	Addition
STREET ADDRESS				4.21		ADDRESS				
CITY-ST-ZIP						ADDRESS 1 - ZIP				
TITLE			DELETE	5.1 1		1 41!		П	Change	Addition
NÁME				5.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				54 C	IIY-S	1 - ZIP				
TITLE			DELETE	611	TLE				Charige	Addition
NAME				62 N						
STREET ADDRESS				6.8 S	TREF1	ADDRESS				
DATE OF THE	1									,

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name