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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044538

Corporation Name

SHAMS, U.S.A., INC.

2. Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Business	Mailing Address
630 EATON STREET	630 EATON STREET KEY WEST FL 33040

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90010 022 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/23/1993 4. FEI Number

65-0419710

City & State			City & State			6. Election Campaign Financing	\$5.00 N	nay be
.5	.≇	28				Trust Fund Contribution	Added to	Fees
Zip	Country	1-	Zip Country		y .	8. This corporation owes the current year Interest.		_
14	25	29		30		Personal Property Tax.	Yes [□No
1	9. Name and Address of Current	Regis	tered Agent			10. Name and Address of New Registered	Agent	
				81	l Name			
CROITORU, CAROL 630 EATON STREET KEY WEST FL 33040				82	Street	Address (P.O. Box Number is Not Acceptable)		
				"	- Juco	7. A A	والمعام والمار	
				83	83			
				84	4 City	EI	85 Zip Ci	odė "
<u></u>	<u>\$</u>					d corporation submits this statement for the purpose of	changing its r	egistered
office or re agent. I am	to the provisions of Sections 607, USU2 gistered agent, or both, in the State of n familiar with, and accept the obligation Signature, typed or printed name of registered agent	Florid ons of	da. Such change was au , Section 607.0505, Flori	ithorized by ida Statute Registered Age	y the corp s.	required when reinstating) DATE	minent as rog	
12.	OFFICERS AND	DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	Р		☐ DELETE	1.1 TITLE			Change	☐ Addition
	CROITORU, CAROL,			1.2 NAME				
STREET ADDRESS	630 EATON STREET			1.3 STRE	ET ADORESS	3		
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CITY-	ST-ZIP			
TITLE	VPTS 4		☐ DELETE	2.1 TITLE			Change	Addition]
NAME	CROITORU, ALAN,			2.2 NAME	Ī		•	}
STREET ADDRESS	630 EATON STREET			2.3 STRE	ET ADDRESS	5		ļ
CITY-ST-ZIP	KEY WEST FL 33040			2. 4 CITY-	-ST-ZIP		<u> </u>	
TITLE			☐ DELETE	3.1 TITLE		·.	Change	Addition
NAME				3.2 NAME	:		•	
STREET ADDRESS				3.3 STRE	ET ADDRES	s		13334
CITY-ST-ZIP				3.4. CITY	-ST-ZIP		4 4 6 6 9 6	
TITLE			☐ DELETE	4.1 TITLE		The state of the s	Change	- 🗔 Addition
NAME				4. 2 NAMI	E			
STREET ADDRESS	•			4.3 STRE	ET ADDRES	s		
· I				4.4 C(TY-				
CITY-ST-ZIP			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
				5.2 NAME	Ē		•	
NAME STREET ADDRESS				5.3 STRE	ET ADDRES	s		,
				5.4 CITY-	ST-ZIP			
CITY-ST-ZIP			DELETE	6.1 TITLE			Change	Addition
TITLE			<u> </u>	6.2 NAME				
NAME					ET ADDRES	s		
STREET ADDRESS				6.4 CITY-				
CITY-ST-ZIP	4	41-1-	Elian dans net avalité fer			ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	formation

a. Thereby certify that the information supplies with this similar does not qualify in the scotlere 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 appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANS OF SIGNING OFFICER OR DIRECTO

te Daytime Phi

CR2E034 (11/98)