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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000071034 (1) DOCUMENT #
1. Corporation Name

SHAIKA VENTURES, INC.



Principal Place of Business 10704 SW 113 PLACE MIAMI FL 33176		Mailing Address						
		10704 SW 113 PLACE MIAMI FL 33176	10704 SW 113 PLACE MIAMI FL 33176					
		••••••			3. Date incorporated or Qualified 3a. Date of Last Report 12/26/1995			
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26	<b>,</b>		65-0441414		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	r-¬ '		5. Certificate of Status Desired See Requir		75 Additional se Required	
2		(27)			Election Campaign Financing		.00 May Be	
City & State		<b>⊢</b> η	City & State		Trust Fund Contribution	1	Ided to Fees	
Zip Country			Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
4	25	29	30			<b>X</b> No		
	9. Name and Address of Cur	rrent Registered Agent		. 1	10. Name and Address of New F	Registered Agent		
			8	Name				
	RAFAEL L		8	Street Add	dress (P.O. Box Number is Not Acceptat	(P.O. Box Number is Not Acceptable)		
	V. 88TH COURT, S #201		8	<del></del>				
MIAMI FL	. 331/2			<u></u>				
			8	4 City		FL  85	Zip Code	
SIGNATURE _	Signature types or profest have of registered	agentia of the diappedate	mole RegimenA	en t'signature respo	ADDITIONS/CHANGES TO OFF	DATE FIÇERS AND DIREC	CTORS IN 12	
12.	OFFICERS	AND DIRECTORS  DELETE	1 1 11111		ADDITIONS OF INTEREST OF STA	Char		
TITLE	SHAIKH, NAZNEEN G	Check	1 2 NAME					
1865 SW 104 ST., #13				ET AD IRESS				
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY	-ST-ZP				
TiTLE	DELETE		2.1710	F		Chai	ige 🔲 Addition	
NAME			. 22 NAN					
STREET ADDRESS				EF ACORESS				
CITY - ST - ZIP		T] DELETE	2.4 CiTs 3.1 TiTi	- SI'IP		Cha	nge Addition	
THTLE		Detent	3.2 NAA				_	
NAME STREET ADDRESS				EFT AUDRESS				
CITY-ST-ZIP			34011	-S1-7iP		·		
TITLE		DELETE	4 1 1) [	F		Cha	nge 🔲 Addition	
NAME			4.2 NAM	'E				
STREET ADDRESS				EFF AT DRESS				
CITY-ST-ZIP		DELETE	44 CH	-S1-2IP		Cha	nge 🔲 Addition	
TITLE		L. Detrite	5 2 NAM					
NAME STREET ADDRESS				EET ALIDAESS				
CITY-ST-ZIP			220					
			5400	(-S -71P				
TITLE		DELETE	5 4 CII 6 1 TII		3000018	587 <b>9</b> 9	rige 🔲 Addition	
TITLE NAME		DELETE		LE	3000018 -06/11/9601	5 <b>879</b> 9 157047	inge 🔲 Addition	
		DELETE	6 1 TH 62 NA	LE	3000018! -06/11/9601 ***225.00	5 <b>879</b> 9 157047	nge Addition	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this archial report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoubt, 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 changing or on an attachment with an address

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