FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072785 (7)**

1. Corporation Name
SHI SALES CORP.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134	255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0444091 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30
7. This corporation has filed intangible tax under S. 199.032, Florida Statutes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/C.E.O./D	☑ Change ☐ Addition
NAME	CHADSEY, JACK B	1.2 NAME	CHADSEY, JACK B.	
STREET ADDRESS	255 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	D	2.1 TITLE	C/S/D	☑ Change ☐ Addition
NAME	HAUSLEIN, JAMES N	2.2 NAME	HAUSLEIN, JAMES N.	
STREET ADDRESS	255 ALHAMBRA CIRCLE	2.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	D	3.1 TITLE	A.T./A.S.	☑ Change ☐ Addition
NAME	PITA, GEORGE L	3.2 NAME	PITA, GEORGE L.	
STREET ADDRESS	255 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		4.1 TITLE	V/CEO/T	☐ Change ☑ Addition
NAME		4.2 NAME	ATESEN, LARRY	
STREET ADDRESS		4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		5.1 TITLE	A.S.	☐ Change ☑ Addition
NAME		5.2 NAME	NARDEN, MARLENE	
STREET ADDRESS		5.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

DR 6/28

14. 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)(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 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 on an attachment with an address.

SIGNATURE: Marlene M. Narden — 5/4/95 (Date) — (305) 461-6101 (Daytime Phone #)
MARLENE M. NARDEN
ASST. SECRETARY
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

0141078 CP