

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000072785 (7)**

1. Corporation Name
SHI SALES CORP.



Principal Place of Business 255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134	Mailing Address 255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134-7403
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1993	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0444091		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85	Zip Code
				FL	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD CHADSEY, JACK B	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE				
	CEO CHADSEY, JACK B	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE				
	ATSD PITA, GEORGE L	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE				
	AS MARBAN, MARLEN	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	V/PD PETERSEN, LARRY	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> DELETE		Marban, Marlene		
	CFO PETERSEN, LARRY	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
					V/T/D/CFO		
				6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
					V/D		
					Grund, Edward L.		
					255 Alhambra Circle		
					Coral Gables, FL 33134		

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 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 attached sheet with an address.

CR2E034 (9/96)