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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000001083 (2)

SHIHAN CORP.

pal Place of Business	Mailing Address	
650 STIRLING ROAD	5650 STIRLING ROAD SHIFF RAY 15	

Principal Place of Business Mailing Address					T TOOLED BE UND VARANT OLDER CORENT OF			
5650 STIRLING ROAD SUITE BAY 15 HOLLYWOOD FL 33021		5650 STIRLING ROAD SUITE BAY 15 HOLLYWOOD FL 33021						
US		US .			3. Date incorporated or Qualified 01/05/1994		of Last Report)6/30/1995	
2. Principal Place 21 6936	ce of Business. Stieling ROAD	2a. Mailing Address 26 6 7 3 6 5	Stie	ling Roa	4. FEI Number 65-0465648		Applied For Not Applicable	
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.		7	5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State 23	(WOOD FLA	28 Hollywood	FI	4	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
^{ZID} 330.	24 Country 5	29 33024	30 Countr	95	_	□No		
-	9. Name and Address of Current	Registered Agent		7	10. Name and Address of New R	egistered Ager	ıt	
	_		81	Name				
	QUEZ, LIONI		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	76TH ST		83	ļ				
HIALEA	H GARDENS FL 33014		83]				
			84	City	· ··· · · · · · · · · · · · · · · · ·	E1 85	Zip Code	
11. Pursuant to	the provisions of Sections 607 0502 a	and 607.1508. Florida Statutes	the above	L	ation submits this statement for the nur	nose of changing	its registered office	
or registere familiar with	d agent of both, in the State of Plans and accept the obligations of Section	. Such change was authorized i 607.0505, Horida Statutes.	by the con	poration's board	ation submits this statement for the pur d of directors. I hereby accept the app	ointment as regis	tered agent. I am	
	and Joseph the doing alloys of degric	1 007 0000, Filorida Statigles.			4	1/11	196	
SIGNATURE:	good and hyperion partited that have respectively being the	Total Mote	Rajatawi Ag	etsájahossájand	Explicit secretarisg)	DATE	1.1.6	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	□ DETELE	1 1 T TLF			☐ Ch	ange 🔲 Addition	
NAME	VELASQUEZ, LIONI		1.2 NAME					
STREET ADDRESS	2091 W 76TH ST	4		LADDRESS				
CITY-ST-ZIP TIFLE	HIALEAH GARDENS FL 3301	4 DELETE	1 4 C(TY - 2 1 T(TLF	ST - ZIF'			ones [7] Addition	
NAME		C) week	2 1 HILF 2 2 NAME			☐ Ch	ange [] Addition	
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			24 CITY-					
TITLE		DELETE	3 1 TIFLE	C1 211		☐ Ch	ange 🗍 Add-tion	
NAME		.	3.2 NAME			— - ·		
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP	······································		3.4 CITY -	ST-ZIF				
TITLE		☐ DELETE	4 1 TIFLE	-		☐ Ch	ange 🔲 Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STEEL	LADDHESS				
CITY-ST-ZIP		D Bei Ere	4.4 CITY -	ST-ZIP				
TITLE		DELETE	5 1 TIT; (☐ Ch	ange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY - ST - ZIP		[] DELETE	5.4 CHY 6.1 THUE	S1 - Z161		□ Ch.	ange 🔳 Addition	
NAME		LI VICTOR	5.2 NAME				wide T Voorroll	
STREE! ACIORESS				T ADDRESS				
CITY-ST-ZIP			64 CITY -					
	cert fy that the information supplies w	th this fling is voluntarily furnish			or the exemption stated in Section 119.	07(3)(k). Florida S	Statutes I further	

certify that the information indicated on this amount report or supplemental amount report is true 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 of the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block is if changed, or on as a stady ment with an arkitress.

SIGNATURE:

LOW ELLOND LAND TYPE OF PRINTED NAME OFFICER OF DIRECTOR TO VELASQUEZ 4-11-96(854)967-82