

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000041265 (7)**

1. Corporation Name  
**SHADE TREE INDUSTRIES, INC.**



Principal Place of Business <b>P.O. BOX 14-4481 CORAL GABLES FL 33114-4481</b>	Mailing Address <b>P.O. BOX 14-4481 CORAL GABLES FL 33114-4481</b>
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>4017 SW 10th St.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 <b>Miami, FL</b>
24 Zip Country	29 <b>33134</b> 30 Country

3. Date Incorporated or Qualified <b>06/02/1994</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>65-0496781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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		10. Name and Address of New Registered Agent	
<b>RIVERO, MARIO 6801 N.W. 77TH AVE. SUITE 409 MIAMI FL 33166</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (Type, 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVERO, MARIO R JR</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 14-4481</b>	1.3 STREET ADDRESS	<b>4017 SW 10th St</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33114-4481</b>	1.4 CITY - ST - ZIP	<b>Miami, FL 33134</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ANA</b>	2.2 NAME	
STREET ADDRESS	<b>14355 S.W. 42ND TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33175</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, JODEAN</b>	3.2 NAME	
STREET ADDRESS	<b>4017 SW 10TH ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 attachment with an address.

SIGNATURE: Jodean Robbins **Jodean Robbins** **4-1-97** **374-3144**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0161424

CR2E034 (9/96)