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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000047854 (2)

SHENDAO CORP.

FILED Apr 16 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			1200 IGIBL BILLI BIST (\$0)
528 MERIDI	IAN AVE.	528 MERIDIAN AVE.			
#303				DO NOT WRITE IN THIS SPACE	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				3. Date Incorporated or Qualified	
l l				06/22/1994	ļ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
3 300			OCEAN DIS		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22 7	150	27 150	CAFT)	5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 H & L	u con a 19	28 HOLLY WE	10th PM	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	nt year Intangible
24 336) \ Q 25	29 330 LOC 3	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Ag	ent
JOHNSON, WILLIAM M PRINCE TO HAVE TO HAVE AND LOOK COM ON					
5	28 MERIDIAN AVE.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
4303 3 06 1				s. ocean Bluck	
MIAMI BEACH FL 33139			AT 1515		
1			01 03	71 150	
			84 City Ho	LLY WEED 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.					
	14) 400 a compa	nons or, section dovided, mon	Jua Siatules.	4-12-98	
SIGNATURE	Signature typed or printed name of registered ager	I and tele if applicable (NOTE	Registered Agent signature require		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PSTV	DELETE	1.1 TITLE		Change Addition
NAME	JOHNSON, WILLIAM M		1.2 NAME		
STREET ADDRESS	528 MERIDIAN AVE. #303		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		14 CITY-ST-ZIP		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	JOHNSON, WILLIAM M		2.2 NAME		Ì
STREET ADDRESS	528 MERIDIAN AVE. #303		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME	-	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			34. City-St-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		. 	4. 2 NAME	_	
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME	_	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-ST-ZiP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME	_	, c.e.go
'			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes I further certi	

14. Thereby certify that the information supplied with this filling doos 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 trusted 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:

While my michael will promise De

412-94 7272