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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000047854

1. Corporation Name

SHENDAO CORP.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90072 036 ***150.00



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Principal Place	e of Business			()\$\$\]\\$\$\] (\$\](\]\\$\]	NIED WWALL WHITE WHITE	#1911 18881 184E1	i Bisti dist (BBI	
3001 S OCEAN BLVD #15 U HOLLYWOOD FL 33019		3001 S OCEAN BLVD #15 U HOLLYWOOD FL 33019						
US		US		DO NOT WRITE IN THIS SPACE				
-	:				 Date Incorporated or Qua 06/22/1994 	lifed		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26			65-0501307			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗍 .	\$8.75 / Fee Re	
City & State		City & State		6. Election Campaign Finance	cing 🗆	\$5.00	May Be	
23		28		Trust Fund Contribution		Added	to Fees	
Zip 24	Country . 25	Zip 30	Zip Country		This corporation owes the Personal Property Tax.	current year Int	angible □ Yes	No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of N	ew Registered	Agent	
IOU	INICONI MANILLIANA NA		81	Name				
JOHNSON, WILLIAM M 3001 S OCEAN BLVD #15 U			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33019								
.,,			83	<u></u> _				
			84	4 City	•	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	ve-named corr	poration submits this statement fo	r the purpose of	changing its	registered
office or n	registered agent; or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607.0505, Florida	iorized by a Statute	y the corporati	ion's board of directors. I hereby a	accept the appoi	nunent as re	gistered
				٠.				
				_				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: Re	gistered Age	_	ed when reinstating)	DATE	ID DIRECTO	DPS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: Re	gistered Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO		ID DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE: Re	gistered Age	ent signature require				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ent signature require				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PSTV JOHNSON, WILLIAM M	ont and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ent signature require				Addition
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP