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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056510 (8)

1. Corporation Name
SHALOM 2,000, INC.



Principal Place of Business
4101 RAVENSWOOD ROAD
SUITE 305
DANIA FL 33312
US

Mailing Address
4101 RAVENSWOOD ROAD
SUITE 305
DANIA FL 33312-5352
US

2. Principal Place of Business

21 2243 S.W. 31 ST.

Suite, Apt. #, etc.

22 City & State

23 DANIA AL

24 33312

25 BROWARD

2a. Mailing Address

26 2243 S.W. 31 ST.

Suite, Apt. #, etc.

27 City & State

28 DANIA AL

29 33312

30 BROWARD

3. Date Incorporated or Qualified
07/29/1994

3a. Date of Last Report
04/30/1996

4. FEI Number
65-0512289

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1801 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
VINCENT T. SAMMARCO

82 Street Address (P.O. Box Number is Not Acceptable)
1000 N. HILLYARD RD #140

83

84 City
PEMBROKE PINES

FL

85 Zip Code
33026

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

5/27/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
DAPAN, DAVID
STREET ADDRESS
1501 NW 108TH AVE 322
CITY-ST-ZIP
PLANTATION FL

TITLE
NAME
ABRIN, GAIL - ALQI, GAIL
STREET ADDRESS
1501 NW 108TH AVE 298
CITY-ST-ZIP
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300002208243
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***165.00

CS
6/8/97

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.

CR2E034 (9/96)