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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	MENT # P940 SHINE ENTERPRISES OF	•	1 188(1881 188 18)(1 418)	11 63 141 8616 1 8 111 4 6 7161 8	116)6 1400 1 4 1(4 1 01 2	
rincipal Place of Business		Mailing Address				
378 Southern Charm Dr. Orlando fl 23807		378 SOUTHERN CHARM DR. ORLANDO FL 23807				
				3. Date Incorporated or Qualified 07/29/1994	3a. Date of Last F	•
Principal Pl	flace of Business	2a. Mailing Address		4. FEI Number	05/01/1	Applied For
Suite Apt.	# 600	26		59-3261672		Not Applicable
, , , , , , , , , , , , , , , , , , ,	v, 0.0	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
Dity & State	e	City & State		6. Election Campaign Financing	□ \$5.0	Required May Be
ip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Adde	d to Fees
	25	29	30	Florida Statutes Yes	☐ No	199.032,
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
REYES	s, Luis o		1 1,43,7,6			
378 SOUTHERN CHARM DR.			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
ORLAN	IDO FL 23807		83			
			84 City		- 85 Z	p Code
Porsoant t	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statu	tas the above pamed cores			•
A)fation submits this statement for the rule		
or registeri familiar wit	red agent of both, in the State of the and accept the obligations of S	Florida. Such change was authori Section 607.0505, Florida Statute	zed by the corporation's boas.	oration submits this statement for the purp and of directors. I hereby accept the appoin	oose of changing its in intrant as registered	registered offic d agent. I am i
or registen familiar wit IATURE	red agent of both, in the State of the and agent of the obligations of the state of			•	pose of changing its introduced as registered	registered offic d agent. I am PC
or registeri amiliar wit ATURE	Street is speed or printed nume of pushbood OFFICERS	agent and lide it applicable (N S AND DIRECTORS	OTE: Registered Agent signature regime	•	AU 27/	96
or registeri arnilar wit ATURE	Sheet no speed or present and our producted OFFICERS D	agrent and title it applicable (N	OTE: Pugstered Agent signature regime 13. 1.1 TITLE	ed when reinstating:	AU 27/	96
ATURE _	OFFICERS D REYES, LUIS O	agent and tide it applicable (N AND DIRECTORS DELETE	OTE: Pagatered Agent signature regime 13. 1.1 TITLE 12 NAME	ed when reinstating:	DATE CERS AND DIRECTO	96 DRS IN 12
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ADDRESS 1-209 ADDRESS	D REYES, LUIS O 378 SOUTHERN CHARM ORLANDO FL 23807 D DAVILA, GALINA 378 SOUTHERN CHARM	AND DIRECTORS DELETE DELETE	13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS	ed when reinstating:	DATE CERS AND DIRECTO	PE DRS IN 12 Addition
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