

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000057064 (5)
1. Corporation Name
S.I.H. INC.



Principal Place of Business 4191 RAVENSWOOD RD FT LAUDERDALE FL 33312 US	Mailing Address 4191 RAVENSWOOD RD FT LAUDERDALE FL 33312-5344 US
---	--

3. Date Incorporated or Qualified 08/02/1994	3a. Date of Last Report 04/26/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0511338 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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

LAKHANI, MOHAMMAD I
13744 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33187

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JASSANI, SALEEM	1.2 NAME	LAKHANI MOHAMMAD I
STREET ADDRESS	150 NW 192ND STREET	1.3 STREET ADDRESS	13744 BISC. BLVD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	N.M.B. FL. 33181
TITLE	D	2.1 TITLE	D
NAME	LAKHANI, HAMID	2.2 NAME	LAKHANI HAMID
STREET ADDRESS	13744 BISCAYNE BLVD	2.3 STREET ADDRESS	13744 BISC BLVD
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33187	2.4 CITY-ST-ZIP	N.M.B. FL. 33181
TITLE	D	3.1 TITLE	D
NAME	LAKHANI, MOHAMMAD I	3.2 NAME	JASSANI, SALEEM
STREET ADDRESS	13744 BISCAYNE BLVD	3.3 STREET ADDRESS	13744 BISCAYNE BLVD
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33187	3.4 CITY-ST-ZIP	N.M.B. FL. 33181
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature] MOHAMMAD I LAKHANI 11/1/97 305-877-0000

CR2E034 (9/96)