

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000062314 (7)**

1. Corporation Name

**SHALVA, INC.**

Principal Place of Business

Mailing Address

2151 N.E. 155TH STREET  
N MIAMI BEACH FL 33162

2151 N.E. 155TH STREET  
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2812 N.W. 35<sup>th</sup> ST.

26 2812 N.W. 35<sup>th</sup> ST.

4. FEI Number

65-0521866

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

Miami FL

28 City & State

Miami FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip 33142

25 Country USA

29 Zip 33142

30 Country USA

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

FILINGS INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name **ELYA PALINSKY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **2151 N.E. 155<sup>th</sup> ST.**  
84 City **North Miami** FL 85 Zip Code **33162**

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]*

3/2/95

Signature (Print or printed name of registered agent used if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **BOTIER, SHALVA**  
STREET ADDRESS **2151 N.E. 155TH ST.**  
CITY - ST - ZIP **N MIAMI BEACH FL 33162**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS **2812 N.W. 35<sup>th</sup> ST.**  
14 CITY - ST - ZIP **MIAMI FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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]*

3/26/95

*[Signature]*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print name)