

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 17 1997 8:00am  
Secretary of State

DOCUMENT # P94000062314 (7)

1. Corporation Name  
SHALVA, INC.



Principal Place of Business

2812 NW 35TH ST  
MIAMI FL 33142  
US

Mailing Address

2812 NW 35TH ST  
MIAMI FL 33142-5269  
US

3. Date Incorporated or Qualified  
08/24/1994

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 ~~5801 BISCAYNE BLVD~~

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33137

Country

25 US

2a. Mailing Address

26 ~~5801 BISCAYNE BLVD~~

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33137

Country

30 US

4. FEI Number

65-0521866

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

PALINSKY, IOLYA  
2812 NW 35TH ST  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name BARRY WASSERSTROM

82 Street Address (P.O. Box Number is Not Acceptable)

83 5801 BISCAYNE BLVD

84

City MIAMI

FL

85

Zip Code 33137

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

*Barry Wasserstrom*

(NOTE: Registered Agent signature required when reinstating)

2/22/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BOTIER, SHALVA  
STREET ADDRESS 2812 NW 35TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97  
Date

Daytime Phone #

CR2E034 (9/96)