FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000069583 (0)**

1. Corporation Name

SHELTER CONSORTIUM CORPORATION

Principal Place of Business	Mailing Address
16919 N. BAY RD. STE. 705 MIAMI BEACH FL 33160	16919 N. BAY RD. STE. 705 MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business
21: 1904 N. 32ND CT
22: Suite, Apt. #, etc.
23: City & State: Hollywood
24: Zip: 33021-4429 25: Country

2a. Mailing Address
26: 1904 N. 32ND CT.
27: Suite, Apt. #, etc.
28: City & State: Hollywood
29: Zip: 33021-4429 30: Country

4. FEI Number: 65-0523462 ☐ 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

GOMES, FLORENCIO R
16919 N. BAY RD.
STE. 705
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: LAZARDI, ORLANDO
82 Street Address (P.O. Box Number is Not Acceptable): 1904 N. 32ND CT
83
84 City: Hollywood FL 85 Zip Code: 33021-4429

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Orlando Lazardi Apr 28, 1996
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	M	☐ Change ☒ Addition
NAME	GOMEZ, FLORENCIO		12 NAME	LAZARDI, ORLANDO	
STREET ADDRESS	16919 N. BAY RD. STE. 705		13 STREET ADDRESS	1904 N. 32ND CT.	
CITY-ST-ZIP	MIAMI BEACH FL 33160		14 CITY-ST-ZIP	HOLLYWOOD FL 33021-4429	
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, ELENA		22 NAME		
STREET ADDRESS	1904 32ND COURT		23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HURTADO, HECTOR		32 NAME		
STREET ADDRESS	13337 SW 46 LANE		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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5-1-96 OK

CR2E034 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: FLORENCIO GOMEZ April 4,96 (305) 9679403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #