

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:04

DOCUMENT # **P94000076470 (1)**

1. Corporation Name
SHIPPERS' ROW, INC.

Principal Place of Business
**5161 COLLINS AVE.
SUITE 308
MIAMI BEACH FL 33140**

Mailing Address
**5161 COLLINS AVE.
SUITE 308
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1994

3a. Date of Last Report

2. Principal Place of Business
21 **560 N.E. 57th ST.**
Subd., Apt. #, etc.
22 **MIAMI, FL.**
City & State
23 **33137 USA**
Zip Country

2a. Mailing Address
26 **560 N.E. 57th ST.**
Subd., Apt. #, etc.
27
City & State
28 **MIAMI, FL.**
Zip Country
29 **33137** 30 **USA**

4. FEI Number _____ 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 §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COHEN, LESLIE D
5161 COLLINS AVE.
SUITE 308
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent
B1 Name **COHEN, LESLIE D.**
B2 Street Address (P.O. Box Number is Not Acceptable) **560 N.E. 57th ST.**
B3
B4 City **MIAMI** FL B5 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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COHEN, LESLIE D
STREET ADDRESS	5161 COLLINS AVE., SUITE 308
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	COHEN, LESLIE D.	
1.2 STREET ADDRESS	560 N.E. 57th ST.	
1.3 CITY ST ZIP	MIAMI, FL, 33137	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Leslie Cohen* **LESLIE COHEN** **3/6/95** **305-751-0076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 15000 8)