

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortim</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000082506 (4)**

1. Corporation Name  
**SCHARF SHOP INC.**

Principal Place of Business

1411 NE 129TH ST  
N MIAMI FL 33161  
US

Mailing Address

1411 NE 129 ST  
N MIAMI FL 33161  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/10/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0534171</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	City		

9. Name and Address of Current Registered Agent

LITMAN, NEAL S ESQ  
200 S DIXIE HWY  
SUITE 200  
MIAMI FL 33133

10. Name and Address of New Registered Agent

1	Name
2	Street Address (P.O. Box Number is Not Acceptable)
3	
4	City
FL	85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1	
NAME	SCHARF, KENNY	1.2	
STREET ADDRESS	1411 NE 129TH ST	1.3	
CITY - ST - ZIP	N MIAMI FL	1.4	
TITLE	VP	2.1	
NAME	SCHARF, MARIA TEREZA	2.2	
STREET ADDRESS	1411 NE 129TH ST	2.3	
CITY - ST - ZIP	N MIAMI FL	2.4	
TITLE		3.1	
NAME		3.2	
STREET ADDRESS		3.3	
CITY - ST - ZIP		3.4	
TITLE		4.1	
NAME		4.2	
STREET ADDRESS		4.3	
CITY - ST - ZIP		4.4	
TITLE		5.1	
NAME		5.2	
STREET ADDRESS		5.3	
CITY - ST - ZIP		5.4	
TITLE		6.1	
NAME		6.2	
STREET ADDRESS		6.3	
CITY - ST - ZIP		6.4	

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/98

(205) 893 7604

CR2E034 (10/97)