

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 # P95000008874 (6)

1. Corporation Name

SHINE HOUSE INC.

Principal Place of Business

19960 S.W. 190TH ST.
MIAMI FL 33187

Mailing Address

19960 S.W. 190TH ST.
MIAMI FL 33187



2. Principal Place of Business

21 4201 SW 71 AVE

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33155

Country

25 1

2a. Mailing Address

26 19960 SW 190th

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33187

Country

30

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

4. FEI Number

65-0561292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?

Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAZAR, BRUCE E
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 of person authorized to execute this statement

Signature of Registered Agent (signature required when not already on file)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SECRETARY

ED SCHEINHAUS

19960 SW 190th

MIAMI FL 33187

SECRETARY

ALAN SCHEINHAUS

2130 NW 99th AVE

POMBROKE PINES FL 33024

SECRETARY

MIKE COVELLI

3419 SW 12th

MIAMI BEACH FL 33132

SECRETARY

GABRIEL RIVERON

911 SW 21st

MIAMI FL 33135

700001930057

-08/22/96--01092--011

***225.00

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)(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 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.

CR2E034 (12/95)