SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 DEC 22 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008874 (6)

1. Corporation Name
SHINE HOUSE INC.

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4201 SW 71ST AVE. MIAMI FL 33155	19960 SW 190 ST. MIAMI FL 33187

3. Date Incorporated or Qualified: 02/01/1995
3a. Date of Last Report: 08/22/1996
4. FEI Number: 65-0561292 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: JANET PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable): 3700 W OAKLAND PARK BLVD
83 SUITE 216
84 City: FT LAUDERDALE FL 85 Zip Code: 33311

11. Pursuant to the provisions of Section 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: Janet Phillips — JANET PHILLIPS (NOTE: Registered Agent signature required when reinstating) — DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S VP	☐ DELETE	1.1 TITLE	Susan Scheinhaus ☐ Change ☒ Addition
NAME	SCHEINHAUS, ED		1.2 NAME	
STREET ADDRESS	19960 SW 190 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187		1.4 CITY-ST-ZIP	19960 SW 190th St Miami, FL 33187
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHEINHAUS, ALAN		2.2 NAME	
STREET ADDRESS	2130 NW 99TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2.4 CITY-ST-ZIP	
TITLE	S	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COVELLI, MIKE		3.2 NAME	
STREET ADDRESS	3419 SW 12 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4 CITY-ST-ZIP	
TITLE	S	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RIVERON, GABRIEL		4.2 NAME	
STREET ADDRESS	9111 SW 21 ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

500002383975--1
-12/26/97--01085--010
****750.00 ****750.00

JB 12-24-97

CR2E034 (4/97)

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 on an attachment with an address.

305