

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0230007

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029798

1. Corporation Name
SHEAR SERVICES, INC.

Principal Place of Business
9854 S.W. 222 TERRACE
MIAMI FL 33190

Mailing Address
9854 S.W. 222 TERRACE
MIAMI FL 33190

FILED

99 JAN 14 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11767 S. DIXIE HWY

Suite, Apt. #, etc.

22 187

City & State

23 MIAMI FL USA

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 11767 S DIXIE HWY

Suite, Apt. #, etc.

27 187

City & State

28 MIA FL

Zip

29 33156

Country

30 USA

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0576900

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEAR, MARC
9854 S.W. 222 TERRACE
MIAMI FL 33190

10. Name and Address of New Registered Agent

81 Name

82 MARC SHEAR

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

15095 SW 89 AVE

84 City

MIAMI

FL

85 Zip Code

33176

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

TITLE VP ☐ DELETE

NAME SHEAR, VIRGINIA
STREET ADDRESS 9854 SW 222ND TERR
CITY-ST-ZIP MIAMI FL

TITLE TREASURER ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SECRETARY & PRESIDENT
SHEAR, VIRGINIA
15095 SW 89 AVE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP MIAMI, FL 33176

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME GIOVANNI BAQUERO
2.3 STREET ADDRESS 15095 SW 89 AVE
2.4 CITY-ST-ZIP MIAMI FLA. 33176

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VICE PRESIDENT
MARC SHEAR
3.3 STREET ADDRESS 15095 SW 89 AVE
3.4 CITY-ST-ZIP MIAMI, FLA. 33176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 900002747339--7
4.3 STREET ADDRESS -01/20/99--01027--027
4.4 CITY-ST-ZIP *****158.75 *****158.75

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

305 254 1712

Date

Daytime Phone #

CR2E034 (11/98)