

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 # P95000035890 (9)

1. Corporation Name
INSTASHRED FLORIDA, INC.



Principal Place of Business
2601 SOUTH BISCAYNE DRIVE
19TH FLOOR
MIAMI FL 33133

Mailing Address
2601 SOUTH BISCAYNE DRIVE
19TH FLOOR
MIAMI FL 33133

3. Date Incorporated or Qualified 05/08/1995
3a. Date of Last Report
FIRST REPORT

2. Principal Place of Business
21 19690 EAST SAN JOSE AVE.
2a. Mailing Address
26 19690 EAST SAN JOSE AVE.

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27

City & State
23 ROWLAND HEIGHTS, CA
28 ROWLAND HEIGHTS, CA

Zip
24 91748-1437
Country
25 USA
29 91748-1437
30 USA

4. FEI Number
65-0578289
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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BISCAYNE DRIVE
19TH FLOOR
MIAMI FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D THORNE DONALD R	1.2 NAME	
STREET ADDRESS	2601 SOUTH BISCAYNE DRIVE, 19TH FLOOR	1.3 STREET ADDRESS	9912 CHANCE CIRCLE
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	HUNTINGTON BEACH, CA 92646
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RABINOVITCH, ISSIE	2.2 NAME	
STREET ADDRESS	2601 SOUTH BISCAYNE DRIVE, 19TH FLOOR	2.3 STREET ADDRESS	13400 COUNTRY WAY
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	LOS ALTOS HILLS, CA 94002
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	50000175.05.01
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/20/96 01021--004
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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:

DONALD R. THORNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

Daytime Phone #
310-946