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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # P95000035890 (9)

INSTASHRED FLORIDA, INC.

Principal Place of Business Mailing Address 19690 EAST SAN JOSE AVE 19690 EAST SAN JOSE AVE. ROWLAND HEIGHTS CA 91748-1437 ROWLAND HEIGHTS CA 91748-1437 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1995 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0578289 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zin Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COBER CORPORATE AGENTS, INC. 2601 SOUTH BISCAYNE DRIVE Street Address (P.O. Box Number is Not Acceptable) 19TH FLOOR **MIAMI FL 33133** 83 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** (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE M Change Addition TITLE 1.1 TITLE Thorne, Donald R. THORN, DONALD R NAME 1.2 NAME 4675 Mac Arthur Crr. Ste 1215 9912 CHANCE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS Newport Brack Ca. 92660 **HUNTINGTON BEACH CA 92646** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE RABINOVITCH, ISSIE Rabinovirch, Issie NAME 2.2 NAME 13400 COUNTRY WAY 1 1sr Sr. Sre #15 STREET ADDRESS 2.3 STREET ADDRESS LOS ALTOS HILLS CA 94002 Los Alros Ca. 94022 CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME Dunlap, Tom 19690 East San Jose Ave. STREET ADDRESS 3.3 STREET ADDRESS Rowland Meights Ca 9/348 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - \$1 - ZIP DELETE Change TITLE 6.1 TITLE Addition

6.2 NAME

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 Statutos. I further certify that the information indicated on this annual report or supplomentarian and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver 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 one appears in Block 12 or Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 12 or Block 13 if changed or one appears in Block 13 if changed or one appears in Block 14 if the Block 14 i

6.3 STREET ADDRESS