FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA-DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

	MENT # P95(000039815 ((2)			
1. Corporation SHM.	ATA ROW II, INC.	,	, /) 1 0.0 1(0.0 1 (1.010) 0. (11) 0. (11) 0.	IPilt Sáidl agus é adhn nanac salak tagac girt tagar	
Principal Place	of Business	Mailing Address				
901 EAST 10TH AVENUE BAY 33 HIALEAH FL 33010		901 EAST 10TH AVENUE BAY 33 HIALEAH FL 33010				
				 Date Incorporated or Qualified 05/19/1995 	3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 81808	Applied For	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & State)	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
23 Ζφ	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30		s ⊠ No	
***************************************	g. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
SEMEL, STUART 901 EAST 10TH AVENUE BAY 33				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
HIALEAH FL 33010			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4			84 City		FL 85 Zip Code	
 Pursuant to or registere 	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig	02 and 607.1508, Florida Statu onda: Suct. change was authori.	tes, the above-named corporated by the corporation is boar	ation submits this statement for the purific of directors. Thereby accept the app	rpose of changing its registered office	
signature _	 n, and accept the obligations of, Sε 	ection 607.0505, Florida Statute	3		Some do registero agent. Tum	
	Signatural typed or protectinal in of regelerating		Fit Fragisticiset Agend a greature required	,	DATE	
DILE	PO OFFICERS A	ND DIFFECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF		
NAME	SEMEL, STUART	2.3	1.2 NAME		Change Addit on	
STREET ADDRESS	2365 NE 195TH STREET		13 STREET ADDRESS			
CITY-ST-ZIP	NO. MIAMI BEACH FL 33	180	1.4 C+TY+S1+ZIP			
TITLE	STD	DELETE	2 1 THELF		Change Addition	
NAMÉ CAUSE E ADORGO	SEMEL, DAVID	OTC AIR	2.2 NAME			
STREET ADDRESS	1710 NW 191ST STREET NO. MIAMI BEACH FL 33		2.3 STREET ADOPESS			
CITY-ST-ZIP TITLE	NO. MIMMI DEAUTI FL 33	[] DELETE	2.4 City - St - ZiP 3.1 Tifut			
NAME		EJ OCECTE	3 2 NAME		Change Adoltion	
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		☐ DELE16	4 ° TITLE		Change Addition	
NAME			4.2 NAM:			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		T or or	4 4 CHY - SI - ZIP		71.5	
TITLE NAME		☐ DELETE	S I TITLE		☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAMÉ			
CITY-ST-ZIP			5 3 STREET ADDRESS			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME		•	6.2 NAME	60000186 -06/19/96010		
STREET ADDRESS			63 STREET ADDRESS	***225.00	155020	
CITY-ST-ZIP		Δ	6.4 City - \$1 - ZiP			
cert fy that i oath, that I	certify that the information supplied the information industrial on this an am an officer or director of the cop Black 12 or Block // 3 if changed, to	Notifecult of supplemental ann	uai report is true and accurat e empowered to execute this	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Fig	possed for all official as if a contract and	

SIGNATURE:

IGNATURE AND TYPED OR PPINVED NAME OF SIGNING OFFICER OR DIRECTOR

STUART Sweet

30 WY-463