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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Apr 20 1998 8:00am Secretary of State

	MENT # P9500(0047009 (2)		
SHAIN	ROC USA, INC.				
Principal Plac	e of Business	Mailing Address		ı tamıldır sin inini ürtir dalir dalir abili bölir di	INF JOHN GOIN BOST JOIN (BO)
632 SOUTH DR. 632 SOUTH DR. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 331					
		MIAMI SPRINGS FL 33166		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	_			06/16/1995	
_ ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-1588646	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	ic.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes XNo
- ' - 	9. Name and Address of Curren			10. Name and Address of New Registered	
UN	IBACH, TAMMY M		81 Name		
632 SOUTH DR.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI SPRINGS FL 33166				area (Fig. Box Hambor to Hot Neceptable)	
			83		
			84 City		85 Zip Code
			1 1 1	FL	_ ' '
office or r agent. I a	to the provisions of Sections 607.0303 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida Such change was ations of, Section 607.0505, f	utes, the above-named co s authorized by the corpor Florida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature typed or printed numer of registered ages	And the state of t	DIE Registered Agent signature req	pured when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P 0	DELETE	1.1 TITLE		Change Addition
NAME	UMBACH, TAMMY M		1.2 NAME		
STREET ADORESS	632 SOUTH DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY+ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	UMBACH, DAVID		2.2 NAME		
- Street Adoress	#32 SOUTH DR.		2.3 STREET ADDRESS		
CITY-ST+ZIP TITLE	MIAMI SPRINGS FL 33166	DELETE	2. 4 CITY - ST - 7IP		Chappe Addr
NAME		ן ענונונ	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.