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

PROFIT CORPORATION ANNUAL REPORT

1999

SHAM-ROC USA, INC.

1. Corporation Name



DOCUMENT # P95000047009

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90174 006 ***150.00

Mailing Address	i 1881/881 via isiai ariis apiis akis akis akis akis akis akis akis a

Principal Place	of Business	Mailing Address				-	(Oriu II	
632 SOUTH DR. 632 SOUTH DR. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166					DO NOT WRITE	E IN THIS	SPACE			
					•	3. Date Incorporated or Qualifed				
						06/16/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26				65-1588646				Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired				ditional
22		27							Requ	
City & State	-	-City & State -	•		.,	6. Election Campaign Financing Trust Fund Contribution			OO M led to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	nt year Inta		Д	X
24	25		<u>.</u>			Personal Property Tax.		☐ Yes	Ľ	100
	9. Name and Address of Currer	nt Registered Agent	∤	81	Name	10. Name and Address of New Re	egistered /	gent		
I IMP	JACH, TAMMY M	•		<u>"</u>						
	SOUTH DR.		ſ	82	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)			
	VI SPRINGS FL 33166			83						
	W 01 111100 1 E 00 100			"						
				84	City		FL	85 2	Zip Co	de
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	horized	bv th	named corpor he corporation	ration submits this statement for the p 's board of directors. I hereby accept	ourpose of the appoin	changing itment a	g its re s regis	gistered stered
	in lamiliar with, and accept the obliga	alions of, Section our .0500, 1 forte	Ja Olalu	100.						[
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered /	Agent	signature required	when reinstating)	DATE			-
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD	☐ DELETE	1.1 TIT	ΣE		•		Char	nge	☐ Addition
NAME	UMBACH, TAMMY M		1.2 NA	ME						
STREET ADDRESS	632 SOUTH DR.		1.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CIT	Y-ST-	-ZIP					
TITLE	VPD	☐ DELETE	2.1 TITLE					Char	ng e	☐ Addition
NAME	UMBACH, DAVID	`	2.2 NA	ME						,
STREET ADDRESS	632 SOUTH DR.		2.3 STI	REET A	ADDRESS :					,
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		2. 4 CI	TY-ST	- ZIP					
TITLE	- 	☐ DELETE	3.1 TIT	LΕ	1	•		☐ Char	nge	☐ Addition
NAME			3.2 NA	ΜE						
STREET ADDRESS			3.3 STF	REET /	ADDRESS					
CITY-ST-ZIP	**		3.4. CII				-			□ 1. 2.22
TITLE		☐ DELETE	4.1 TIT	Œ		1.5 ▶1		Char	nge	Addition
NAME		•	4. 2 NA	WE	1					
STREET ADDRESS			4.3 STI	REET	ADDRESS .	•				
CITY-ST-ZIP			4.4 CIT		-ZIP					A delicitation of
TITLE		☐ DELETE	5.1 717					Char	nge	Addition
NAME			5.2 NA							ļ
STREET ADDRESS					ADORESS					Į
CITY-ST-ZIP		□ BELETE	5.4 CIT		-ZIP		-	[7] (%	200	□ Addition
TITLE		☐ DELETE	6.1 TIT					[]] Char	ige	☐ Addition
NAME			6.2 NA		ADDRESS					
STREET ADDRESS					ADDRESS					
C/TY-ST-ZIP, !	and the second second		6.4 CIT	Y-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:

Daytime Phone #