

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000048564 (5)**

1. Corporation Name  
**SHIV REALTY, INC.**



Principal Place of Business <b>1876 NORTH UNIVERSITY DRIVE SUITE 101-S PLANTATION FL 33322 US</b>	Mailing Address <b>1876 NORTH UNIVERSITY DRIVE SUITE 101-S PLANTATION FL 33322-4130 US</b>
--	---

2. Principal Place of Business 21 <b>1876 N. University Dr.</b> Suite, Apt. #, etc. 22 <b>#101-S</b> City & State 23 <b>Plantation, FL.</b> Zip 24 <b>33322</b> Country 25 <b>U.S.</b>	2a. Mailing Address 26 <b>Same as next.</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
--	---

3. Date Incorporated or Qualified <b>06/21/1995</b>	3a. Date of Last Report <b>08/05/1996</b>
4. FEI Number <b>65-0591446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMIN, KINNARI P**  
**400 N. COMMODORE DR.**  
**#203**  
**PLANTATION FL 33325**

10. Name and Address of New Registered Agent

1. Name **DALAL, KINNARI N.**  
2. Street Address (P.O. Box Number is Not Acceptable)  
**380 N.W. 69 Ave.**  
3. **#208**  
4. City **Plantation** FL 85 Zip Code **33317**

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

*[Signature]*  
Signature typed or printed name of registering agent and title if applicable

(NOTE: Registering agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>AMIN, KINNARI P</b>
STREET ADDRESS	<b>637 N BELAIR DRIVE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DALAL, KINNARI N</b>
1.3 STREET ADDRESS	<b>380 NW 69 Ave</b>
1.4 CITY-ST-ZIP	<b>Plantation, FL 33317</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/97 (954) 424-1155**

CR2E034 (9/96)