

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051987 (2)  
1. Corporation Name

SHANDIZ, CORP.



Principal Place of Business

Mailing Address

444 BRICKELL AVENUE  
SUITE 51-285  
MIAMI FL 33131

444 BRICKELL AVENUE  
SUITE 51-285  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

NA

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☒

10. Name and Address of New Registered Agent

81 Name

Benjamin R. Jacobi

ES9

82

Street Address (P.O. Box Number is Not Acceptable)

1313 NE 125 ST

83

84 City

N. MIAMI

FL

85 Zip Code

33161

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.

8/1/96

SIGNATURE

Benjamin R. Jacobi

Signature type to indicate that change of registered agent and fee is applicable

(If title is provided Agent signature required when reconstituting)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12.

OFFICERS AND DIRECTORS

DELETE

TITLE

D

NAME

ARMA, EHSAN

STREET ADDRESS

444 BRICKELL AVENUE, SUITE 51-285

CITY-ST-ZIP

MIAMI FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

500001916985  
-08/08/96--01039--014  
\*\*\*225.00

8/8/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ehsan Arma - D

8/1/96

0039781

CP

CR2E034 (3/96)