FIL	E NOW: FIL	ING FEE A	FTER MAY	1 IS \$22	5.00			
COF	PROFIT RPORATION UAL REPORT 1996		FLORIDA D Sar Sc	DEPARTMENT On order of State of CORPORA	F STATE			
	MENT #	P95000	0059184		7			
1. Corporatio	n Name SHTLESS CENT			` '				
		LII, 1110				1 (10) (10) (10) (10)		
Principal Place of Business Mailing Address 1380 EAST 4TH AVENUE 1380 EAST 4TH AVENUE HIALEAH FL 33010 HIALEAH FL 33010								
• • • • • •			F			3. Date Incorporated or Or 08/01/1995	dalified 3a. Date	of Last Report
2. Principar Pl	2. Principal Place of Business 13					4. FEI Number 65-05949	35	Applied For Not Applicable
Suite, Apt.	#, etc.	10	Suite, Apt. #, etc	1)/A		5. Certificate of Status Des		\$8.75 Additional
City & State	e ///	/ A	Orty & State	11/4		6. Election Campaign Final	~ ¬	\$5.00 May Be
Zip 🛔	1/A Cou	ntry	28 Zip	Count	Va) 14	Trust Fund Contribution 8. This corporation has liab		Added to Fees under s 199.032,
24 /	9. Name and Ad	dress of Current F	29 /U/T egistered Agent	30	10 111	Florida Statutes 10. Name and Address of	Yes No New Registered A	gent
MADIA	IEZ-FRIAS, DILCIA			8	1 Name	1	U/A	
1380 EAST 4TH AVENUE				8	2 Street Addre	ess (P.O. Box Number is Not A	cceptable)	
HIALEAH FL 33010				8	3	N/t	1	
	····			8] - ,		V/A FL	85 Zip Code
11. Pursuant to or register	to the provisions of Se red agent, or both, in t	ctions 607.0502 an he State of Fjorida	d 607.1508, Florida Sta Such change was auth	itutes, the above orized by the cor	named corpora poration's board	dion submits this statement for d of directors. Thereby accept l	the purpose of chan	iging its registered office egistered agent. I am
SIGNATURE _		NIA	bur.ubub Florida Stali					
12.	Signature, typed or printed na	OFFICERS AND D		(NOTE Finglished Ag	ort eignafore required	wher revisioning. ADDITIONS/CHANGES	DATE TO OFFICERS AND I	DIRECTORS IN 12
TITLE NAME	DIKIAMI	SMINISTA LOJNES - I	ATOR DELETE	(1 1//. (i			DIRECTORS IN 12 Change Addition Change Addition Change Addition
STREET ACCRESS	11860SW 18	TEPRACE X	100	1.2 NAME 1.3 STREE	LADDRESS .			034
CITY-S1-ZIP TITLE	001 A 70)	<u>- +1</u>	<u> 33/75</u>	1 4 C+TY				R2E
NAME	1		DELETE	2 1 THE 2 2 NAME				Change Addition
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE			DELETE	2 4 CITY -	***	·		
NAME				3 1 THTLE 32 NAME			LJ	Change
STREET ADDRESS				33 STRE	F1 ADDRESS			
CITY+ST-ZIP THILE			DELETE	3.4 CITY - 4.1 TiTLE		· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME				4.2 NAME			<u> </u>	Orlange [] Addition
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TILLE			DELETE	4.4 CITY - 5.1 TITLE	ST - ZIP	7. de V		Change Addition
NAME				5.2 NAME			J	5
STREET ADDRESS City-St-Zip					I ADDRESS			1/32
TITLE			☐ DELETE	5.4 CITY- 6.1 TITLE	S1 - ZIP			Change
NAME				6.2 NAME	·			onange [] /dono-
STREET ADORESS CITY - ST - ZIP					I ADDRESS		Ć,	IND DING
14. Ldo hereby	y certify that the inform	nation supplied with	this filing is voluntarily for	# 64 City urn shed and doe		the exemption stated in Section	on 119.07(3)/k). Florid	la Statutes further
oath; that I	am an officer or direct	tor of the comonatio	eport of supplemental a on of the receiver or true attachment with an all	npua report is tr dec empowered	ue and accurate to execute this i	the exemption stated in Section and that my signature shall have report as required by Chapter in the control of the control o	ive the same legal ef \$07, Florida Statutes	fect as if made under ; and that my name
			1111/1	h1 1		ullanda.		
SIGNAT		HE AND TYPED OR PRI	NED NAME OF SIGNING OF	ICER OR DIRECTOR	ر <i>ر</i> س:	Challe	9 (305) Day	1863-0174