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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000842 (0)

SHINING STONES, INC.

Principal Place of Business Mailing Address

Med Topps CIPCLE

FILED Jan 29 1997 8:00am Secretary of State



23361 TORRE BOCA RATON		23361 TORRE CIRCLE BOCA RATON FL 33433-70	23361 TORRE CIRCLE BOCA RATON FL 33433-7027					
					Date Incorporated or Qualified 01/04/1996	3a. Date of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	I	pplied For	
21		26	26		65 063 1742	 	ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	***			<u> </u>	Additional	
22		27			5. Certificate of Status Desired		lequired	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for intengible tax under s. 199.032,			
24	25 29 30				Florida Statutes 📈 Yes 🗌 No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
FINKELSTEIN, NATHAN				81 Name				
23361 TORRE CIRCLE BOCA RATON FL 33433			82	Street Add	dress (P.O. Box Number is Not Acceptab	Number is Not Acceptable)		
550	DATINION I E 00400		83				·	
			84	City		FL 85 Zip	Code	
11, Pursuant	to the provisions of Sections 60	7.0502 and 607.1508. Florida Statute	s, the abov	e-named cor	poration submits this statement for the n	urnose of changing	te renictored	
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.								
1	and accept the	obligations of, decidin 607.0303, Pior	ida Siaidie	8.		•		
SIGNATURE	Signature, typed or profed name of register	ed agent and tille if applicable (NOTE	Registered Ag	ent signature regu	when rainstating)	DATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	President	DELETE	1.1 TITLE		THE THE TOTAL OF THE	Change	Addition	
NAME	No than Fin	rkelstein	1.2 NAME					
STREET ADDRESS	23361 Toll	cincle		T ADDRESS			[8	
CiTY-ST-ZiP	Lica Pata Clare 22433		1.4 CITY-:				16	
THTLE	Cocretary	DELETE	2 1 TITLE	51 · E#	<u> </u>	☐ Change	Addition	
NAME	Murilyn Finh	relstein	2.2 NAME			ەرانىدە ك	237000001	
STREET ADDRESS	23361 7011	relstein DELETE Cincle Cincle Clorida 33433		T ADDRESS				
CITY-ST-ZIP	Boca Ruton	Florida 33433						
TITLE		DELETE	2. 4 CITY- 3.1 TITLE	21-7IF		Change	Addition	
NAME		Residence of the Control of the Cont	3.2 NAME			Em) Challye	L Addition	
STREET ADDRESS				T ADDDCCC	•			
DITY-ST-ZIP				ADDRESS				
TITLE		DELETE	3.4. CITY- 4.1 TITLE	51+ZIP		Change	Addatas	
NAME						∟ change	Addition	
l i			4. 2 NAME				ļ	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		Driete	4.4 CITY-3	ST-ZIP		112		
TITLE		LJ DELETE	5.1 TITLE			☐ Change	Addition	
NAME Atoms Indones			5.2 NAME				[
STREET ADDRESS				ADDRESS				
CATY-ST-ZIF		Decemen	5.4 CITY - 5	ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-S1-ZiP			6 4 CITY - 5					
L 4.4 Lido hereb	by certify that the information sur	onlind with this filing dose not qualify	for the ove	motion state	d in Contino 110 07/3Vi). Florida Statutar	1 4	Alexander	

4. 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 outlier receiver or fusite employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125/97

51/343 1484