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

PROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P96000046536 (4)

SHANGHI INTERNATIONAL, INC.

Principal Place of Business 105 BROADWAY RIVIERA BEACH FL 33404				Mailing Address 105 BROADWAY RIVIERA BEACH FL 33404-7735												
										3.	Date Incorporated 06/03/1996	d or Qualified	3a. Da	le of Last	Report	
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number	~ ~ ^			Applied For	_	
21			26	26							65-068	- 238	9		Not Applicab	le
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5	Certificate of State			\$8.75	Additional	
22			27	· 					J	Certificate of Stati	us Desired	<u> </u>	Fee	Required		
City & State			<u> </u>	City & State						Election Campaign Financing \$5.00 May Be						
23			28	+							Trust Fund Contril	oution		Adde	d to Fees	
Zip	Country						Country			8. This corporation has liability for intangible tax under s. 199.032,						
24	25			29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent MARK, EDWARD										10.	Name and Addre	es of New He	gistered /	Agent		
							81	Nar	TIO .							
105 BROADWAY RIVIERA BEACH FL 33404							82	Stre	et Addre	dress (P.O. Box Number is Not Acceptable)						
HIVIENA BEAUTI FL 33404							83									
							03									
							84	City					FL	85 Zi	p Code	
agent. I ai SIGNATURE	m f a miliar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the obligation or printed name of registered age.	ations o	of, Section 60	17.0505, Fio	orida Sta	lutes	S .				ement for the I I hereby acce		changing ointment	its registere as registered	d
12.	Signature, typed	OFFICERS AN			(MO)	13.	a Age	ent Signa	iture require		n reinstating) ADDITIONS/CHAN	CER TO OFFI	DATE DE DO AND	DIDECTO	DDC INLAD	
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CITY-ST-ZIP RIVIERA BEACH FL 33404							1.4 City-St-ZiP									
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NAME						4. 2 N	IAME							_		
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CITY-ST-ZIP								T - Z(P								
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14. To 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 trusted 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.

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE