

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

FILED

Feb 11, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-11-1999 90031 043 \*\*\*150.00

DOCUMENT # P96000048627

1. Corporation Name  
SHAHINAZ VENDING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1180 NW. 40TH AVE LAUDERHILL FL 33313 US  
Mailing Address: 1180 NW. 40TH AVE LAUDERHILL FL 33313 US

3. Date Incorporated or Qualified: 06/03/1996  
4. FEI Number: 65-0672720  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MANAY, LAWAY E, 7431 NW 1ST PL., PLANTATION FL 33317  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS (1-6) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-6) tables with fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change/Addition/Delete.

14. I 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, with all other like empowered.

SIGNATURE: Laway Manay Date: 1-25-99 Daytime Phone #: 954-321-1718

CR2E034 (11/98)