

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

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**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000060829 (4)

1. Corporation Name
SHEEN INC.



Principal Place of Business
**930 BISCAYNE BLVD. STE 1100
MIAMI FL 33132**

Mailing Address
**330 BISCAYNE BLVD. STE 1100
MIAMI FL 33132-2227**

3. Date Incorporated or Qualified **07/18/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0705159		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

**SAMPSON, WESLEY
10770 SW 129TH COURT
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	330 BISCAYNE BLVD SUITE 1100
83		
84	City	MIAMI
	State	FL
85	Zip Code	33132

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, AMRICK	1.2 NAME	AMARCK ALEXANDER
STREET ADDRESS	12330 SW 151ST STREET	1.3 STREET ADDRESS	330 BISCAYNE BLVD SUITE 1100
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, WESLEY	2.2 NAME	WESLEY SAMPSON
STREET ADDRESS	10770 SW 129TH COURT	2.3 STREET ADDRESS	330 BISCAYNE BLVD SUITE 1100
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI FL 33132
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (9/96)