

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000061993 (7)

1. Corporation Name
SHANY FREIGHT CO. INC



Principal Place of Business
5850 LAKE HURST DRIVE
SUITE 150-34
ORLANDO FL

Mailing Address
5850 LAKE HURST DRIVE
SUITE 150-34
ORLANDO FL 32819-8386

3. Date Incorporated or Qualified 07/24/1996
3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4. FEI Number 65-0682777	Applied For Not Applicable	
2. Principal Place of Business 1057 S. HIAWASSEE RD. SUITE : 1927 ORLANDO, FLORIDA 32835					2a. Mailing Address 1057 S. HIAWASSEE RD SUITE : 1927 ORLANDO, FLORIDA 32835					5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					6. \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent VEGA, JOSE M 25 S.E. 2ND AVE. #201 MIAMI FL 33131				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/VP/S	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RHOLMER LAUZADA JUNIOR		1.2 NAME				
STREET ADDRESS	RUA HENRIQUE CORDEIRO 270 APT 2105		1.3 STREET ADDRESS				
CITY- ST- ZIP	BARRA DA TIJUCA, RIO DE JANE BRAZIL		1.4 CITY- ST- ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BIAGIO CARMINE MATURO JUNIOR		2.2 NAME				
STREET ADDRESS	AVE. DAS AMERICAS 555, #217		2.3 STREET ADDRESS				
CITY- ST- ZIP	BARRA DA TIJUCA, RIO DE JANE BRAZIL		2.4 CITY- ST- ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALEXANDRE B DA SILVA		3.2 NAME				
STREET ADDRESS	6630 INDIAN CREEK DR., #201		3.3 STREET ADDRESS				
CITY- ST- ZIP	MIAMI BEACH FL 33141		3.4 CITY- ST- ZIP				
TITLE	D/P	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUIS FERNANDO SANDERA		4.2 NAME				
STREET ADDRESS	5850 LAKE HURST DR, #150-34		4.3 STREET ADDRESS				
CITY- ST- ZIP	ORLANDO FL		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. I am attaching with an attachment with an address.

SIGNATURE: *[Signature]* Rholmer Lauzada Junior 3/6/97 (305) 594-8556
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)