

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

FILED

Mar 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000061993 (7)**

1. Corporation Name  
**SHANY FREIGHT CO. INC**

Principal Place of Business <b>5850 LAKE HURST DRIVE SUITE 150-34 ORLANDO FL</b>	Mailing Address <b>5850 LAKE HURST DRIVE SUITE 150-34 ORLANDO FL 32819-8386</b>
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3. Date Incorporated or Qualified <b>07/24/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0682777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1057 S. HIAWASSEE RD.</b> Suite, Apt. #, etc. 22 <b>SUITE : 1927</b> City & State 23 <b>ORLANDO, FLORIDA</b> Zip 24 <b>32835</b>	2a. Mailing Address 26 <b>1057 S. HIAWASSEE RD</b> Suite, Apt. #, etc. 27 <b>SUITE : 1927</b> City & State 28 <b>ORLANDO, FLORIDA</b> Zip 29 <b>32835</b>
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9. Name and Address of Current Registered Agent <b>VEGA, JOSE M 25 S.E. 2ND AVE. #201 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 <b>D/VP/S</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RHOLMER LAUZADA JUNIOR</b>		1.2 NAME	
STREET ADDRESS <b>RUA HENRIQUE CORDEIRO 270 APT 2105</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BARRA DA TIJUCA, RIO DE JANE BRAZIL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BIAGIO CARMINE MATURO JUNIOR</b>		2.2 NAME	
STREET ADDRESS <b>AVE. DAS AMERICAS 555, #217</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BARRA DA TIJUCA, RIO DE JANE BRAZIL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ALEXANDRE B DA SILVA</b>		3.2 NAME	
STREET ADDRESS <b>6630 INDIAN CREEK DR., #201</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>		3.4 CITY-ST-ZIP	
TITLE <b>D/P</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LUIS FERNANDO SANDERA</b>		4.2 NAME	
STREET ADDRESS <b>5850 LAKE HURST DR, #150-34</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		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, on an attachment with an address.

SIGNATURE: *[Signature]* **RHOLMER LAUZADA JUNIOR** 3/6/97 (30x) 594-8556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)