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Apr 30 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 # P96000084408 (9)

1. Corporation Name
SHIRIN-KYSS, INC.

Principal Place of Business
118 WEST ORANGE STREET, #11
ALTAMONTE SPRINGS FL 32714

Mailing Address
118 WEST ORANGE STREET, #11
ALTAMONTE SPRINGS FL 32714-2537



3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report
4. FEI Number 59-3407588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3209 WHITE DOVE LANE
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Kissimmee FL
24 Zip	29 34746
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERICAN LAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name DHANANI, KABIRUDDIN
82 Street Address (P.O. Box Number is Not Acceptable) 3209 WHITE DOVE LANE
83
84 City Kissimmee
85 Zip Code FL 34746

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, printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when retiring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DHANANI, KABIRUDDIN
118 WEST ORANGE STREET, #11
ALTAMONTE SPRINGS FL 32714

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PSTD
DHANANI, KABIRUDDIN
3209 WHITE DOVE LANE
KISSIMMEE, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

CR2E034 (9/96)