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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095443 (3)

**SHALU CORPORATION** 

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i iatiidat ile ietta sulicestin attit abiu atti	19 18181 BILLI BIĞIL BIRMA 1111 1891
7606 PISSARRO DR #308 7606 PISSARRO DR #308				6 <sup>†</sup>			
ORLANDO PL 32818			orlando fl 32818 93 Alafaya wood-Blub Oviedo, FL 32765		/ DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
93 Alafaya woodo Bwa					3. Date Incorporated or Qualified		
1	miedo,	Taya Woodo Blud FL 32765-6255	Buledo, FL	3276	5	11/22/1996	
2.		ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21			26			59-3416246	Not Applicable
	Sulte, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22	2		27	7		5. Certificate of Status Desired	Fee Required
	City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	]		28			Trust Fund Contribution	Added to Fees
	Zip	Country	Zip Cou		ry	8. This corporation owes or has paid the	
24		25	17.7.1	30		Personal Property Tax due June 30.	Yes No
		9. Name and Address of Current	Registered Agent	B	1 Name	10. Name and Address of New Register	red Agent
	Brescia, Helio						
<b>7606 PISSARRO DR #308</b>				8:	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32819				8	3		
				_			- leel 7: 0 -
				8-			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. Fam lamiliar 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							
۱.,	12. OF LICERS AND DIRECTORS			13.	gen signatore	ADDITIONS/CHANGES TO OFFICERS	·
	LE I	D	DELETE	1.1 TITLE		President	✓ Change ☐ Addition
1	ME	BRESCIA, HELIO		1.2 NAMI	E	Brescia, Helio	^
1	REET ADDRESS	TARA DISCARDO DO 1000		1.3 STRE	ET ADDRESS	Brescia, Helio 93 Alataya woodo Blud Oviedo, Fi 32765-6235	
1	TY-ST-ZIP	ODI MICO EL DOMA		1.4 CiTY	- ST- ZIP	Buiedo. FL 32765-6235	
$\overline{}$	LE	DELETE		2.1 TITLE			Change Addition
N	AME			2.2 NAM	E		
ST	REET ADDRESS			2.3 STRE	ET ADDRESS		
Cr	TY-ST-ZIP			2 4 City	- ST - ZIP		
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\$1	REET ADDRESS			3 3 STRE	et address		
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ÇI	TY-ST-ZIP			4.4 CITY	-ST-ZIP		
tr	TLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
N	VME			5.2 NAM	E		
SI	REET ADDRESS			5.3 STRE	et address		
CI	TY-ST-ZIP			5.4 CITY			
71	TLE		☐ DELETE	6.1 TITLE			Change Addition
N/	VME .			6.2 NAM			
SI	REET ADDRESS			6.3 STRE	ET ADDRESS		
	TY-ST-ZIP			6.4 CITY	- ST- ZIP	l	

14. Thereby 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 of 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 an attachment with an address.