

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 # P97000022265 (7)

1. Corporation Name

SHIAN CORP.

Principal Place of Business

16372 SOUTHWEST 8TH STREET
PEMBROKE PINES FL 33027-1075

Mailing Address

POST OFFICE BOX 821503
SOUTH FLORIDA FL 33082-1503

2. Principal Place of Business

21 1421 N. PALM AVE

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

23 PEMBROKE PINES, FL

28

City & State

Zip

24 33026

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERA AVENUE
CORAL GABLES FL 33134

81 Name

MITRA A. REZAIAN

82 Street Address (P.O. Box Number is Not Acceptable)

16372 SW 8TH ST

83

84 City

PEMBROKE PINES

FL 33027

Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

Mitra A. Rezaiyan

MITRA A. REZAIAN

4/27/98

DATE

Signature, typed or printed name of registered agent to be applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZAIAN, SAEED		1.2 NAME	
STREET ADDRESS	16372 SOUTHWEST 8TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027-1075		1.4 CITY-ST-ZIP	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZAIAN, MITRA A		2.2 NAME	
STREET ADDRESS	16372 SOUTHWEST 8TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027-1075		2.4 CITY-ST-ZIP	
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 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:

Mitra A. Rezaiyan

4/27/98 954-435-6699

CR2E034 (10/97)