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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000026881 (7)

1. Corporation Name
SHABNAM, INC.

Principal Place of Business
458 OCEAN DRIVE
MIAMI BEACH FL 33139

Mailing Address
458 OCEAN DRIVE
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 458 Ocean Drive		26		03/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0737171	
City & State		City & State		Applied For	
23 Miami FL 31		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33139		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30		Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

JALALI, HASSAN
458 OCEAN DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PSTD	1.1 TITLE	
NAME	JALALI, HASSAN	1.2 NAME	
STREET ADDRESS	7213 NW 12TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	FATEMI, MOHAMMED A	2.2 NAME	
STREET ADDRESS	9370 SW 87TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ Jan 8, 1998 (305) 604-0535

CR2E034 (10/97)