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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093294 (1)

SHU-AIR CONSULTING CORP.

Principal Place of Business Mailing Address							
20321 WW 116TH AVENUE 20321 SW 116TH AVENUE MIAMI FL 33189 MIAMI FL 33189							
MINNI TE GOLD	,	MIAMI FL 33103				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/30/1997	
	Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26						65-079 0408 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
	City & State City & State					Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip		ıntry	II.	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	r Hagistered Agent		81	Name	10. Name and Address of New Registered Agent	
SHUMAN, HARRY 20321 SW 116TH AVENUE MIAMI FL 33189				0'	Name		
				82 Stre		Address (P.O. Box Number is Not Acceptable)	
				83			
				03			
				84	City	85 Zip Code	
			· · · · · · · · · · · · · · · · · · ·	Ш	L	FL S 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	•						
	Signature, typed or printed name of registered ager			d Age	nt signature	required when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ð	☐ DELETE	1.4 TI	TLE		PD □ Change □ Addition	
NAME	SHUMAN, HARRY		1.2 N	AME			
STREET ADDRESS	203 21 SW 116TH AVENUE		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MAMI FL 33189		1.4 C	ITY - S	T-ZIP		
TITLE		DELETE	2.1 TI	TLE		☐ Change ☐ Addition	
NAME			2.2 N	AME			
STREET ADDRESS			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			2.40	ITY-S	ST-ZIP		
TITLE		☐ DELETE	3.1 Ti	TLE	-	☐ Change ☐ Addition	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS	1	
CITY-ST-ZIP			3 4. 0	ITY-S	ST-ZIP		
TITLE		☐ DELETE	41 II	TLE		☐ Change ☐ Addition	
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP			44C	11Y-S	T-ZIP		
TITLE		DELETE	5.1 Ti			☐ Change ☐ Addition	
NAME			5.2 N	AME			
STREET ADDRESS			535	TAELT	ADDRESS		
CITY-ST-ZIP				TY-SI			
TITLE		DELETE	6.1 TI			Change Addition	
NAME			6.2 N				
STREET ADDRESS					VIDDBECC		

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.