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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90105 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000009139 1. Corporation Name SHEARTEX, INC.		



Principal Place of Business 3722 N.W. 73RD STREET MIAMI FL 33147 7249 NW 36TH CT MIAMI, FL 33147		Mailing Address 3722 N.W. 73RD STREET MIAMI FL 33147 7249 NW 36TH CT MIAMI, FL 33147	
2. Principal Place of Business - <i>above</i> 21 3716 NW 73RD ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 <i>same</i> Suite, Apt. #, etc. 27	
City & State 23 MIAMI FL Zip Country 24 33147 25 USA		City & State 28 Zip Country 29 30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1998		4. FEI Number 65-0813789		Applied For <input type="checkbox"/> 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"/>	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent WOLFE, MELVIN ESQ. 7249 N.W. 36TH COURT MIAMI FL 33147			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 MELVIN WOLFE DATE 4-20-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE RIETHER, HANS 1861 S.W. 176TH AVENUE MIRAMAR FL 33029	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE KATTAN, ABRAHAM 7249 N.W. 36TH COURT MIAMI FL 33147	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE KATTAN, RAHAMIN 7249 N.W. 36TH COURT MIAMI FL 33147	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/23/99

305-836-1300

CR2E034 (11/98)