04271999-90082-026-$150.00-$150.00

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90082 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039646

1. Corporation Name
S.H.M., INC.

Principal Place of Business	Mailing Address
65 NW 166TH ST., N. MIAMI BCH FL 33169	65 NW 166TH ST., N. MIAMI BCH FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 20350 Highland Lake Blvd
Suite, Apt. #, etc.
22
City & State
23 N. Miami Bch, Florida
Zip 24 33179 Country 25 USA

2a. Mailing Address
26 20350 Highland Lake Blvd
Suite, Apt. #, etc.
27
City & State
28 N. Miami Bch, Florida
Zip 29 33179 Country 30 USA

3. Date Incorporated or Qualified
04/29/1998

4. FEI Number
65-0848623
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIMMEL, SETH ESQ.
8320 W. SUNRISE BLVD., #203
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: Faigy Laufer
82 Street Address (P.O. Box Number is Not Acceptable): 20350 Highland Lake Blvd
83
84 City: N. Miami Bch FL 85 Zip Code: 33179

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: Faigy Laufer DATE: 6/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LAUFER, MENDEL		1.2 NAME	Laufer, Mendel	
STREET ADDRESS	65 NW 166TH ST., N.		1.3 STREET ADDRESS	20350 Highland Lakes Blvd	
CITY-ST-ZIP	MIAMI BCH FL 33169		1.4 CITY-ST-ZIP	N. Miami Bch, FL 33179	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	LAUFER, FAIGY		2.2 NAME	Laufer, Faigy	
STREET ADDRESS	65 NW 166TH ST., N.		2.3 STREET ADDRESS	20350 Highland Lakes Blvd	
CITY-ST-ZIP	MIAMI BCH FL 33169		2.4 CITY-ST-ZIP	N. Miami Bch FL 33179	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Faigy Laufer 4/22/99 305-931-1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #