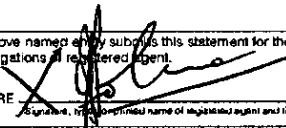
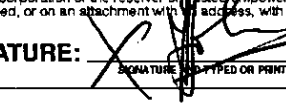


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000050531			
1. Entity Name S.H.S. INTERNATIONAL CORP.			
Principal Place of Business 3439 NE 163RD STREET MIAMI, FL 33129		Mailing Address 3439 NE 163RD STREET MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address 2950 NE 201 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 219	
City & State		City & State AVENTURA FL	
Zip	Country	Zip	Country
33180	USA	33180	USA
4. FEI Number 65-0924308		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUSTAVO, SEGAL 3439 NE 163RD ST MIAMI, FL 33160		7. Name and Address of New Registered Agent VPD HOLEMAN, ALBERTO 2950 NE 201 Terrace Suite 219 AVENTURA FL 33180	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE 		DATE	
FILING FEE: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME SEGAL, GUSTAVO	TITLE VPD	NAME SEGAL, GUSTAVO
STREET ADDRESS 3439 NE 163RD STREET	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	STREET ADDRESS 3439 NE 163RD STREET	CITY-ST-ZIP N.M.B. FL 33160
TITLE VPD	NAME HOLEMAN, ALBERTO	TITLE PSTD	NAME HOLEMAN, ALBERTO
STREET ADDRESS 3439 N E 163 ST	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	STREET ADDRESS 2950 NE 201 Terrace #219	CITY-ST-ZIP AVENTURA FL 33180
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.			
SIGNATURE: 		Date 4/28/03	

CR2E034 (10/02)