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

PROFIT CORPORATION ANNUAL REPORT 1998

S & H USA, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

S49961 DOCUMENT #

(3)

FILED Feb 02 1998 8:00am Secretary of State

PrIncipal Place of Business Mailing Address					I BIBAN DIDAK BIBAN BIBAN DIDAK BIBAH KABU		
313 EAST OSCEOLA STREET 313 EAST OSCEOLA STR			REET				
STUART FL 34996 STUART FL 34996 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 05/06/1991		
2. Principal Pa	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26					06-1319898	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				·	5. Certificate of Status Desired	\$8.75 Additional	
22 27					Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 Zin			Country	,	Trust Fund Contribution 8. This corporation owes or has pair		
24	25 29 30				Personal Property Tax due June 3		
	9. Name and Address of Current		11		10. Name and Address of New Reg		
FILINGS, INC. B1 Name							
3732 NW 16TH ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	
FT. LAUDERDALE FL 33311			<u> </u>				
			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 regist							
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 registured agent and trile if applicable (NOTL Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	MANIZEL CEDALD		1.1 TITLE			Change Addition	
NAME	MAN OF CAN FIGURET BLAD		1.2 NAME				
STREET ADDRESS	STUART FL		1.3 STREET				
CITY-ST-ZIP TITLE	1/7		1.4 CITY - S 2.1 TITLE	1 - ZIP		Change Addition	
NAME	SHOW EDED		2.2 NAME				
STREET ADDRESS	6040 CE C MADINA WAY		2.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL		2, 4 CiTY-	ST-ZIP		4	
TITLE	DELETE 3.11		3.1 TITE€			Change Addition	
NAME	3.2 N		3.2 NAME				
STREET ADDRESS	3.3.5		3.3 STREET				
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		Change Addition	
TITLE			4.1 TITLE			Change Addition	
NAME			4. 2 NAME	ADDOCCC			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY - S	į į			
TITLE			5.1 TITLE	1-64		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that amount report is true and accurate and that my signature shall have the same legal effect as if made under only, that I am an recover kir trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address. I hereby certify that the informatic indicated on this annual report of officer or director of the corporati Block 12 or Block 13 inchanged.