SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S85790

(1)

JOHN H. SHAW, P.A.

FILED Jul 08 1998 8:00am Secretary of State



			<u> </u>	
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		limet memte mente Affite Affite samt
14720 SW 151ST AVE.				
MIAMI FL 33196	MIAMI FL 33196		DO MAT WINTE IN THE SPACE	
US	U\$		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	S SPACE
			09/30/1991	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, FEI Number	Applied For
21 17123 SW 87 AVE	26 17123 SW	67 Au	65-0291922	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	0120		\$8.75 Additional
22 Miani FL 3	27		5. Certificate of Status Desired	Fee Required
City & State 23 33 1 57	City & State	- 	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
25 ÚSA	33(57)	Country SA		Yes No
9. Name and Address of Current			10. Name and Address of New Registered	Agent
			HAW, JOHN H.	
14720 SW 151ST AVENUE		Iress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33196		311861 74411	7123 SC X AVE	
		83		
		84 City w/A		Gel Zin Code
		84 City MIAMI FL 85 Zip Code 33157		
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 o agent, am familiar with, and accept the obligati	l Florida, Such change was autho ons of, section 607.0505, Florida	rized by the corporation Statutes.	on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signature, typed or printed name of registered agent a	 	egistered Agent signature requ		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AI	
TITLE D	[] DECE 1E	1.1 TITLE	Can James H.	Change Addition
NAME SHAW, JOHN H		1.2 NAME	1123 5W 87 AVE	
STREET ADDRESS 14720 SW 151ST AVENUE MIAMI FL		1.3 STREET ADDRESS	MIAMI FL 33157	
7		1,4 CITY-ST-ZIP	MI/AMI FC 33131	
TITLE	CT DEFECT	2.1 TITLE		Change Addition
NAME	[2	2.2 NAME		
STREET ADDRESS				Y .
		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		Observation of the state of the
TITLE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	DELETE S	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		Change Addition
TITLE NAME STREET ADDRESS	DELETE 3	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 3	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE 3	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE 3	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	DELETE 3	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE DELETE DELETE DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

7-1-98 305-238-3412

Change Addition