FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPUR
1996

DOCUMENT # 1. Corporation Name

SHEPHERD FOLICATIONAL ASSOCIATES, INC.

OFFICE POORTONE ACCOUNTED, INC.									
Principal Place of Business			Mailing Address			**	I O PHAN ON OUR BANKS BAN	AL MANEL ALDIN NICHS ENDI	
13450 S.W. 104TH AVENUE MIAMI FL 33176			13450 S.W. 104TH AVENUE MIAMI FL 33176						
						3. Date Incorporated or Qualified 11/25/1991	3a. Date of L 05/0	ast Report 1/1995	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For	
21			26	† · · · • · · · · · · · · · · · · · · ·			65-0301446 Not Applicate		
Suite, Apt. #, etc		etc	Suite Apt #, etc		5. Certificate of Status Desired	□ \$	B.75 Additional Fee Required		
	City & State		City & State	Ote & State		Election Campaign Financing		5.00 May Be	
23			28	h '		Trust Fund Contribution		Added to Fees	
	îp			Country		8. This corporation has liability for	intangible tax un	der s. 199.032,	
24		25		30		<u> </u>	□ No		
		9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	legistered Agei	it	
				81 N	lame				
		ALLIAM D., ESQUIRE		82 S	treet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
		NCE DE LEON BLVD.		83					
	SUITE 22			63					
	CORAL G	ABLES FL 33134		84	aty		FL 8	Zip Code	
11.	Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-nau	ied corpora	tion submits this statement for the pur		a its registered office	
	or registered		da. Such change was authorized.			Lof directors. Thereby accept the app			
	·	and accept the congarious or, secti	ion 607.0505, Florial Statutes						
SiGi	NATURE _s	gnariae, typied or printed that wild regularied agent	and the diagraph star (Medit	Begintenet Ağındısıy	r Camboquete 1	when remotating	DATE		
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE		PD	DELETE	1 1 70116			☐ Cr	iange 🔲 Addition	
NAM	=	LUKES, DR. WILLIAM G SR		1.2 NAME	1				
	ET ADDRESS	13450 S.W. 104TH AVE.		1 3 STREET ADS	1				
CITY- TITLE	-ST - ZIP	MIAMI FL	☐ DELÊTE	1 4 City - St - 7	£	and the second of the second o	[] Cr	lange	
NAME	10			2 1 TITLE 2 2 NAME				ange	
' '	ET ADDRESS	CHRYSTAL, VANCE 10342 SW 141ST ST		2.3 STREET ADE	ADGCC				
-	-ST-ZIP	MIAMI FL		2 4 CHY-SI-Z					
TITLE		SD	☐ DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·	THE THE STATE OF T	☐ C:	iange 🔲 Addition	
NAM:		LUKES, ROBBIE H.		3.2 NAME					
STRE	ET ADDRESS	13450 S.W. 104TH AVE.		3.3 STREET AD	DRESS				
CHTY	-ST-ZiP	MIAMI FL		3 4 Cily - S1 - Z	f				
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NAMI	Ε			4.2 NAME					
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	EL ADDRESS			5 3 STREET ADI				ļ	
TITLE	- S1 - ZIP		DELFTE	5.4 CITY - S ¹ - Z 6.1 TITLE	r		CI	ange Addition	
NAMI			F Secure	6.2 NAME			L., 01	go	
i	ET ADDRESS			6.3 STREET ADD	DRESS				
l	·ST-ZIP			64 CITY - ST- Z					

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify fur the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annexal region of supplemental arrival 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (305) 253-8615