FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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97 MAY 19 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ~~ANNUAL REPORT~~
1997

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

DOCUMENT # V27745

1. Corporation Name

SHONIAD CORPORATION

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
34 S.E. Second Ave. Suite 701 Miami, Florida 33131	34 S.E. 2nd Ave. Suite 701 Miami, FL 33131

3. Date Incorporated or Qualified: 4/10/92
3a. Date of Last Report: 4/25/95

2. Principal Place of Business	2a. Mailing Address
21 223 E. Flagler Street	26 223 E. Flagler Street
Suite, Apt. #, etc. 22 M-21	Suite, Apt. #, etc. 27 M-21
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip: 24 33132 Country: 25 USA	Zip: 29 33132 Country: 30 USA

4. FEI Number: 65-0334540 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Lerman, IsidoroMr. 48 E. Flagler Street Penthouse 101 Miami, Florida	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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: Isidoro Lerman 4/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	Kobrowski, Elias	1.2 NAME	Kobrowski, Elias
STREET ADDRESS	34 S.E. 2nd Ave. Suite 701	1.3 STREET ADDRESS	223 E. Flagler Street, Suite M-21
CITY-ST-ZIP	Miami, Florida 33131	1.4 CITY-ST-ZIP	Miami, Florida 33132
TITLE	☐ DELETE	2.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		2.2 NAME	Elliott Harris
STREET ADDRESS		2.3 STREET ADDRESS	111 S.W. 3 Street, Sixth Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33130
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	500002190285--8
STREET ADDRESS		3.3 STREET ADDRESS	-05/23/97--01115--001
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****915.00 ****915.00
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	

A. Ayar 5/19/97

CR2E034 (9/96)

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 added in connection with an address.

SIGNATURE: Assistant Secretary 4/25/97 (305) 358-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elliott Harris