

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G19054 (7)**

1. Corporation Name

**SHELRAY MANAGEMENT (U.S.A.), INC.**



Principal Place of Business

Mailing Address

**7207 E. SOLANO DRIVE  
SCOTTSDALE AZ 85250**

**7207 E. SOLANO DRIVE  
SCOTTSDALE AZ 85250**

**MOVED**

**MOVED**

3. Date Incorporated or Qualified  
**01/17/1983**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4933 W. CRAIG RD**

26 **4933 W. CRAIG RD.**

4. FEI Number  
**59-2363653**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**SUITE #328**

27 Suite, Apt. #, etc.  
**SUITE #328**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**LAS VEGAS, NEVADA**

28 City & State  
**LAS VEGAS, NEVADA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country  
**89130 USA**

29 Zip Country  
**89130 USA**

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

**LEDERER, STEVEN L.J.  
2450 NE MIAMI GARDENS DR., SUITE 100  
NORTH MIAMI BEACH FL 33180**

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

Signature typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b> <input type="checkbox"/> DELETE
NAME	<b>CLARKE, ELIZABETH</b>
STREET ADDRESS	<b>7207 E. SOLANO DRIVE</b>
CITY- ST- ZIP	<b>SCOTTSDALE AZ</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>CLARKE, ELIZABETH</b>
STREET ADDRESS	<b>7207 E. SOLANO DRIVE</b>
CITY- ST- ZIP	<b>SCOTTSDALE, AZ 85250</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>DRESSLER, ALLEN A.</b>
STREET ADDRESS	<b>42 WATER WHEELWAY</b>
CITY- ST- ZIP	<b>WILLOWDALE, ONT.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Elizabeth Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-96 (702) 395-2319**  
Date Daytime Phone #

CR2E034 (12/95)