

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

**FILED**

**Apr 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G19054 (7)**

1. Corporation Name  
**SHELRAY MANAGEMENT (U.S.A.), INC.**



Principal Place of Business <b>4933 WEST CRAIG ROAD STE 328 LAS VEGAS NV 89130 US</b>	Mailing Address <b>4933 WEST CRAIG RD STE 328 LAS VEGAS NV 89130 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/17/1983</b>	4. FEI Number <b>59-2363653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business <b>2707 E. CRAIG RD</b>	22. Mailing Address <b>2707 E. CRAIG RD</b>		
22. Suite, Apt. #, etc. <b>UNIT B</b>	27. Suite, Apt. #, etc. <b>UNIT B</b>		
23. City & State <b>LAS VEGAS, NV</b>	28. City & State <b>LAS VEGAS NV</b>		
24. Zip <b>89030</b>	25. Country <b>USA</b>	29. Zip <b>89030</b>	30. Country <b>USA</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 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 <b>PTD</b>	<b>CLARKE, ELIZABETH</b>	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>SHELDON RAYMAN</b>	
STREET ADDRESS <b>7207 E. SOLANO DRIVE</b>		1.3 STREET ADDRESS <b>2707 EAST CRAIG RD, UNIT B</b>	
CITY-ST-ZIP <b>SCOTTSDALE AZ</b>	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>NORTH LAS VEGAS, NV 89030</b>	
TITLE <b>STD</b>	<b>CLARKE, ELIZABETH</b>	2.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>ELIZABETH CLARKE</b>	
STREET ADDRESS <b>7207 E. SOLANO DRIVE</b>		2.3 STREET ADDRESS <b>4907 GRIMESPOUND CT.</b>	
CITY-ST-ZIP <b>SCOTTSDALE, AZ 85250</b>	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <b>N. LAS VEGAS, NV 89031</b>	
TITLE <b>VSD</b>	<b>RAYMAN, SHELDON</b>	3.1 TITLE <b>SECT. TRAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>ELIZABETH CLARKE</b>	
STREET ADDRESS <b>4933 W CRAIG RD STE 328</b>	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>4907 GRIMESPOUND CT.</b>	
CITY-ST-ZIP <b>LAS VEGAS NV</b>		3.4 CITY-ST-ZIP <b>NORTH LAS VEGAS, NV 89031</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

**SIGNATURE:** *[Signature]* **3/31/98 (702) 657-0373**

CR2E034 (10/97)