SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 576547 (4)

1. Corporation Name

FORTUNE INTERNATIONAL, INC.

Principal Place of Business
5121 HAWKHURST AVE
FT LAUDERDALE FL 33331

Mailing Address
5121 HAWKHURST AVE
FT LAUDERDALE FL 33331

3. Date Incorporated or Qualified: 06/22/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2149062 — 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

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

TSE, FRANKLIN K.
5121 HAWKHURST AVE
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

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] FRANKLIN K. TSE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	TSE, FRANKLIN K.	
STREET ADDRESS	5121 HAWKHURST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VSD	☐ DELETE
NAME	TSE, GRACE W.	
STREET ADDRESS	5121 HAWKHURST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	TSE, STEPHEN Y.	
STREET ADDRESS	5121 HAWKHURST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	TSE, DAVID T.	
STREET ADDRESS	5121 HAWKHURST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VTD	☐ DELETE
NAME	CHOW, JUDY TSE	
STREET ADDRESS	5121 HAWKHURST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V.D.	☐ Change ☑ Addition
1.2 NAME	JENNIFER A. TSE	
1.3 STREET ADDRESS	5121 HAWKHURST AVE.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33331	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] FRANKLIN K. TSE JUNE 7/96 954-434-3732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086135 CP