

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K75948 (5)**
1. Corporation Name
CHO A DONG, INC



Principal Place of Business: **4245 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319**
Mailing Address: **4245 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1989	3a. Date of Last Report 02/14/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FET Number 65-0117689		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HACKER, BRENDA 1500 NW 49TH ST #500 FT. LAUDERDALE FL 33309				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 _____ (Print Name of Registered Agent Signature Required When Recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD LUONG, VIET	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4257 N STATE RD 7	1.2 NAME	
STREET ADDRESS	LAUDERDALE LAKES FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	VTD LUONG, MINH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4257 N STATE RD 7	2.2 NAME	
STREET ADDRESS	LAUDERDALE LAKES FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *[Signature]* **PSD** **FEB 01-96** *951485-9450*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)