

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mumford
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 7:58

DOCUMENT # **M66092** (1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHINA MAY, INC.

1. Principal Office (City and State)
2. Mailing Address (City and State)
6140 S.W. 32ND ST.
MIRAMAR FL 33023

SEE LAST PAGE FOR THIS SPACE

3. Date Incorporated or Qualified 01/27/1988		3a. Date of Last Report 03/16/1994	
4. FE Number 65-0030287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of State Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. The corporation has liability for state capital taxes (FLC 200.0105), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Office (City and State) 2321 NORTH ST. RD. 7 HOLLYWOOD, FL 33021, U.S.A.	26. Mailing Address (City and State) 2321 NORTH ST. RD. 7 HOLLYWOOD, FL 33021, U.S.A.	24. _____	25. _____

9. Name and Address of Current Registered Agent KREILING, EDWARD PAUL SUITE 101 6151 MIRAMAR PARKWAY MIRAMAR FL 33023		10. Name and Address of New Registered Agent	
		B1. Name	
		B2. Street Address (P.O. Box Number and Post Office)	
		B3. _____	
		B4. City	B5. State Code FL

11. I, the undersigned, in the presence of 2 or more disinterested persons, Florida Statutes, the above named corporation, certifies that the information on this page is true and correct and that the person named as registered agent is qualified to act as such under the laws of the State of Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the laws of the State of Florida Statutes.

SIGNATURE: _____

12. CURRENT REGISTERED AGENT (FLC 200.0105)	13. APPLICANT'S REGISTERED AGENT (FLC 200.0105)
NAME: PST YU, MICHAEL	1. NAME
STREET ADDRESS: 6140 S.W. 32ND ST. MIRAMAR FL	2. STREET ADDRESS
CITY: D	3. CITY
STATE: FL	4. STATE
ZIP CODE: 33023	5. ZIP CODE
14. NAME	6. NAME
15. STREET ADDRESS	7. STREET ADDRESS
16. CITY	8. CITY
17. STATE	9. STATE
18. ZIP CODE	10. ZIP CODE
19. NAME	11. NAME
20. STREET ADDRESS	12. STREET ADDRESS
21. CITY	13. CITY
22. STATE	14. STATE
23. ZIP CODE	15. ZIP CODE

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and does not apply, for the reasons stated, to the laws of the State of Florida. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. The undersigned is a director or officer of the corporation or the manager of the corporation and I am qualified to execute this report as required by Chapter 200, Florida Statutes, and that my name appears on the list of officers and directors of the corporation as filed with the Secretary of State.

SIGNATURE: *Michael Yu*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR MANAGER

4/21/95 (305) 966-0840