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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071600 (7)

1. Corporation Name

CFA INTERNATIONAL, INC.



Principal Place of Business

3389 SHERIDAN STREET
#129
HOLLYWOOD FL 33021

Mailing Address

3389 SHERIDAN STREET
#129
HOLLYWOOD FL 33021

2. Principal Place of Business

21 State, Apt., #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt., #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZHENG, NINGNING
3389 SHERIDAN STREET
#129
HOLLYWOOD FL 33021

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 607.0002 and 607.0003, Florida Statutes, the above named corporation exhibits 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 Sections 607.0004, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.	NAME	STREET ADDRESS	CITY, ST, ZIP	13.	NAME	STREET ADDRESS	CITY, ST, ZIP
1	D ZHENG, NINGNING	3389 SHERIDAN ST. #129	HOLLYWOOD FL 33021	1	NAME	STREET ADDRESS	CITY, ST, ZIP
2	D WU, PATRICK	3389 SHERIDAN ST. #129	HOLLYWOOD FL 33021	2	NAME	STREET ADDRESS	CITY, ST, ZIP
3	NAME	STREET ADDRESS	CITY, ST, ZIP	3	NAME	STREET ADDRESS	CITY, ST, ZIP
4	NAME	STREET ADDRESS	CITY, ST, ZIP	4	NAME	STREET ADDRESS	CITY, ST, ZIP
5	NAME	STREET ADDRESS	CITY, ST, ZIP	5	NAME	STREET ADDRESS	CITY, ST, ZIP
6	NAME	STREET ADDRESS	CITY, ST, ZIP	6	NAME	STREET ADDRESS	CITY, ST, ZIP
7	NAME	STREET ADDRESS	CITY, ST, ZIP	7	NAME	STREET ADDRESS	CITY, ST, ZIP
8	NAME	STREET ADDRESS	CITY, ST, ZIP	8	NAME	STREET ADDRESS	CITY, ST, ZIP
9	NAME	STREET ADDRESS	CITY, ST, ZIP	9	NAME	STREET ADDRESS	CITY, ST, ZIP
10	NAME	STREET ADDRESS	CITY, ST, ZIP	10	NAME	STREET ADDRESS	CITY, ST, ZIP

14. I do hereby certify that the information supplied herein is true and correct and does not contain any false or misleading information. I further certify that the information indicated on this annual report or Supplemental General 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 holder of a power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or deletions to the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZHENG NINGNING

4/3/96

CR2E034 (12/95)