

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000072770 (7)**

1. Corporation Name
CHRISTINA WAN CORPORATION



Principal Place of Business: **4815 ROOSEVELT STREET HOLLYWOOD FL 33021**
Mailing Address: **4815 ROOSEVELT STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **09/20/1995**
3a. Date of Last Report: []
4. FEI Number: [] 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

21. Principal Place of Business: **2029 Hollywood Blvd.**
22. Sub-Office, etc.: []
23. City & State: **Hollywood FL**
24. Zip: **33020** 25. Country: []
26. Mailing Address: []
27. Sub-Office, etc.: []
28. City & State: []
29. Zip: [] 30. Country: []

9. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent
81. Name: **Filix Melamed**
82. Street Address (P.O. Box Number is Not Acceptable): **11900 Biscayne Blvd**
83. City: **Suite 202, Miami**
84. State: **FL** 85. Zip Code: **33181**

11. Pursuant to the provisions of Sections 607.054(2) 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 Chapter 607.050(2), Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/28/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUYNH, CHRISTINA	
STREET ADDRESS	4815 ROOSEVELT STREET HOLLYWOOD FL 33021	
CITY, ST, ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUYNH, TRUONG CONG	
STREET ADDRESS	4815 ROOSEVELT STREET HOLLYWOOD FL 33021	
CITY, ST, ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAN, OI L	
STREET ADDRESS	611 N. RAINBOW DRIVE HOLLYWOOD FL 33021	
CITY, ST, ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY, ST, ZIP	[]	
TITLE	D	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY, ST, ZIP	[]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

100001727701 Change Addition
-02/29/96--01022--007
*****200.00**

[Signature] **2/5/96** **468-4748**

14. I do hereby certify that the information supplied with this report 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, unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Christina Huynh** DATE: **2/5/96** DAYTIME PHONE #: **468-4748**