SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000020205 (7) 1. Corporation Name

## FILED Oct 07 1998 8:00am Secretary of State

CBI CENTER, INC.							
Principal Plac	e of Business	Mailing Address				/0710	
9851 N.W. 106TH STREET. SUITE 3 9851 N.W. 106TH STREET. SU							
GRAN PARK GRAN PARK				DO NOT HOUSE ALL THE ADVOC			
MEDLEY FL 33178 MEDLEY FL 33178				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					03/13/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0567188	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	9	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	F-3 F-3 F		Country	,	8. This corporation owes or has paid the		
24 25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
SILVERMAN, PAUL A				Name	10. Hame and Address of New Registe	red Apent	
13438 SW 108 ST CIR N			82	Street Addre	address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186			83				
			84	City		85 Zip Code	
44 0							
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							
l agentili	am fa <b>mi</b> liar with, and accept the oblig	ations of, section 607.0505, Flo	orida Statutes	S.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title If anolicable (NC	TF: Registered A	ment signature requi	red when reinstating) DA1	IF.	
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE			1.1 TITLE			Change Addition	
NAME	TANG, YU HUNG LUCY		1.2 NAME				
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 300			1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST	r-ZIP			
TITLE	DELETE		2.1 TITLE			Change Addition	
NAME			2.2 NAME			•	
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE NAME	DELETE		5.1 TITLE 5.2 NAME			Change Addition	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.3 STREET				
TITLE		DELETE	6.1 TITLE	-Lif		Change Addition	
NAME		□ nere ie	6 2 NAME			L Change  Addition	
STREET ADDRESS			6.3 STREET	ADDRESS			
			6.4 CITY-ST				
44 1 5 5 5 5 5 5 5	ate all as the telegraphics and the street	this film of a self-feet	V - 011 (-01		440.07/2\(0) 51-14-04-414-4	10 AC-1 N . C. C.	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). 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:

9/17/98

(305)863-260

RZE034 (5/98)