

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 572501 (5)

1. Corporation Name

HOUSE OF CHINA, CRYSTAL & SILVER, INC.



Principal Place of Business

Mailing Address

5857 N UNIV DR
TAMARAC FL 33321
US

5857 N UNIV DR
TAMARAC FL 33321
US

3. Date Incorporated or Qualified 05/19/1978	3a. Date of Last Report 03/14/1995
4. FEI Number 59-1819643	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	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT L. COHEN, INC.
6144 N.W. 11TH STREET
SUNRISE FL 33313

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 607.1502, 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

(Signature of Registered Agent or Director of Corporation)

(Signature of Registered Agent or Director of Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	HERMAN GERSTMAN	
STREET ADDRESS	3710 INVERRARY DRIVE	
CITY-STATE-ZIP	LAUDERHILL FL	
TITLE	ST	☐ DELETE
NAME	GERSTMAN, LINDA RABINOWITZ	
STREET ADDRESS	440 NW OFFSHORE	
CITY-STATE-ZIP	5726-N.W., 48TH CT. CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Herman Gerstman, President*
HERMAN GERSTMAN

2/7/96 (954)722-1161
DATE DAY-MON-FILE #

CR2E034 (12/95)