

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 665018 (8)
1. Corporation Name
CANTON CHINA CORP.



Principal Place of Business	Mailing Address
2530 N. POWERLINE ROAD. #401 POMPANO BEACH FL 33069	2530 N. POWERLINE ROAD. #401 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified 03/27/1980		3a. Date of Last Report 03/28/1995	
4. FEI Number 65-0239198		Applied For	Not Applicable
5. Certificate of Status 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LEUNG, KWOK HUNG
32 COLUMBIA CT
POMPANO BCH FL 33067

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable:

© 2012 Blackwell Publishing Ltd *Journal of Internal Medicine* 272: 103–111

(141)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEUNG, KWOK HUNG	
STREET ADDRESS	32 COLUMBIA COURT	
CITY - ST - ZIP	POMPANO BEACH FL	

UNIT	STREET	CITY	ST	ZIP	DELETE
UNIT F					<input type="checkbox"/>
NAME					
STREET ADDRESS					
CITY, ST, ZIP					

NAME: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

TITLE	<input type="checkbox"/> BELFTE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	NAME	STREET ADDRESS	CITY STATE ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	

2.1 TITLE ☐ Change ☐ Addition

2.4 City-Street P		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		

3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP
 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME

4.3 STREET ADDRESS _____

4.4 CITY, STATE, ZIP _____

5.1 TITLE _____ ☐ Change ☐ Addition

5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE		

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:

[Signature] Kw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kwok Hung Leung

4/5/96 (954) 974-7925

CR2E034 (12/95)