FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **696285** **(6)**

1. Corporate Name

CHINA FAIR, INC.

Principal Place of Business

3092 TAMIAMI TRAIL
PT CHARLOTTE FL 33952

Mailing Address

3092 TAMIAMI TRAIL
PT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: **07/28/1981**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-2441374** ☐ 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

21
22 Street Address
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Street Address
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CHAN, WAI SUM
127 S.W. SINCLAIR ST.,
PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 617.0500 and 617.1505, 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 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYP	S ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAM	CHAN, JEAN	1 2 NAME	
STREET ADDRESS	127 SW SINCLAIR ST	1 3 STREET ADDRESS	
CITY ST ZIP	PT. CHARLOTTE FL	1 4 CITY ST ZIP	
2 TYP	DP ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CHAN, WAI SUM	2 2 NAME	
STREET ADDRESS	127 S.W. SINCLAIR ST.,	2 3 STREET ADDRESS	
CITY ST ZIP	PT. CHARLOTTE FL	2 4 CITY ST ZIP	
3 TYP	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
4 TYP	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
5 TYP	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
6 TYP	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 in part (1), or on an attachment with an address.

✓ **SIGNATURE:** *[signature]* 2-12-96 941-625-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #