APPRICATION FOR FED TATEMENT OF	FLORIDA DEPAR	MENT OF STATE Without State Of White DREWTALE UNS	B SECRETARY DIVISION OF CO	OF STATE RPORATIONS	
DOCUMENT # B9600000003			97 SEP 15	97 SEP 15 PH 1: 55	
CB OF NEW YOR	15, 17D.		DO NOT WE	RITE IN THIS SPACE.	
2. Mailing Address 777 S. HUALLIN DR	3. Principal Office Address	UR DR	4. Date Formed or Registered To Do Business in Florida	1-2-96	
Suite, Apl #. etc.	Suite. Apt. #, elc 903		5. FEI Number	12-20110007	
WEST PALA BEAGHI	WIT PALM &	TPGY, J	2 6.	58.75 Additional Fee required	
Zip Country 33401 USA	Zip Counti 33401	USA	7. State or Country of Formation	Nor A Certificate of Status	
8a. Capital Contributions as Shown on Becord Bb. Amount of Capital Contributions in FLORIDA to date.	FEES:1.) Filing Fae(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office			
ERMEST CHU 777 SO-FCALIR DR., 4908 WEST PALM BEACK, FZ 33401		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620 1051 and 62 for the purpose of changing its registered office or registered agent. Lam familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	stored agent, or both, in the State of Flo Section 620, 192, Florida Statutes.	IMITED PA	as authorized by its general partner(s). I her	eby accept the appointment of registered	
11. Names of General Partner(s)	Address of Each General P (Do NOT Use Post Office Box N	arlner	City, State and Zip Code	11a. Registration Document Number	
CORPORATE BUILDIRS, IM	77750.42AA 50175 #909	Ilk De h	EST PAIN BEDTH, F 3340,	, I	
		RE	INSTATEMEN	97-98.	
				2948547 /9701038003 81.50 *****987.50	
Note: General partners MAY NOT b	e changed on this form	n; an amend	ment must be filed to chi	ange a general partner.	
12. I do hereby certily that the information supplied with this f opporations from any liability of non-compliance with Sec this annual report is true and yccurate and that my signat empowered to execute this report as required fy chapter	ction 119.07(3)(k) in the event that the in ure shall have the same legal effects as	formation supplied is	deemed exempt from public access. I furth	er certify that the information indicated on	
SIGNATURE MAST			DATE \	9/12/57	
Typed or Printed Name of General Partner Signing Form	RNIST C	YU	Telephone Number	71-033-5560	