

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F52746 (7)

1. Corporation Name
ASIA WICKER, LTD., INC.

Principal Place of Business
2201 N. ANDREWS AVE. EXT.
SUITE 104
POMPANO BEACH FL 33061
US

Mailing Address
P.O. BOX 1719
POMPANO BEACH FL 33061-1719
US



2. Principal Place of Business 21 1909 N.W. 40 th COURT Suite, Apt. #, etc. 22 City & State 23 POMPADO BEACH, FL Zip 24 33064 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 11/05/1981		3a. Date of Last Report 04/16/1996	
				4. FEI Number 59-2160910		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BERNSTEIN, JOSEPH, L 2400 E. COMMERCIAL BLVD. SUITE 720 FT LAUDERDALE FL 33308				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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS FLORKOSKI, EDWARD S., JR 2201 N. ANDREWS AVE., EXT. 104 POMPANO BEACH FL	1.1 TITLE	PS
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1909 N.W. 40 th COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE		2.1 TITLE	T
NAME		2.2 NAME	MARY KIM LONG
STREET ADDRESS		2.3 STREET ADDRESS	1909 N.W. 40 th COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:  EDWARD S. FLORKOSKI, JR. 4-10-97 (954) 973-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)