

CHINA



FILED
Apr 25, 1999 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

08/06/1997

4. FEI Number
65-0765093

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 owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	Martha Angelini		
82	Street Address (P.O. Box Number Is Not Acceptable)	2801 Ponce de Leon Blvd., Ste 1180		
83				
84	City	Oral Oaks	FL	85 Zip Code 33134

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

SIGNATURE Walter Singer

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

(NOTE: Registered Agent signature required when reinstating)

4/1/99

DATE _____

12.	OFFICERS AND DIRECTORS
-----	------------------------

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPS	<input type="checkbox"/> DELETE
NAME	WILSON, MARILYN	
STREET ADDRESS	340 GULF OF MEXICO DR. #126	
CITY-STATE-ZIP	LONGBOAT KEY FL 34228	

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KEY, KARLA A	
STREET ADDRESS	430 VILABELLA AVE.	
CITY - ST - ZIP	CORAL GABLES FL 33146	

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 60%;">C/S/V</div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>

1.1 TITLE	C/S/V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			

3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Sheryl Abad		
3.3 STREET ADDRESS	6481 S.W 36 Street		
3.4 CITY-ST-ZIP	Miami, FL 33155		

4.1 TITLE	O/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Martha Angelini		
4.3 STREET ADDRESS	331 SW 18 terrace		
4.4 CITY - ST - ZIP	Miami, FL 33129		

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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-ST-ZIP			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alfreda Angelini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (305) 461-0499
Date Daytime Phone #

CR2E034 (11/98)