

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **G31864** (3)

1. Corporation Name:

**CHINESE CONNECTION, INC.**

95 JAN 20 PM 1:33

Principal Place of Business

5958 SO DIXIE HWY  
SO MIAMI FL 33143  
US

Mailing Address

5958 SO DIXIE HWY  
SO MIAMI FL 33143  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/05/1983**  
3a. Date of Last Report: **06/24/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number  
**59-2301615**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ROCKMAN, LOUIS M.  
8500 S.W. 92ND ST., SUITE 106  
MIAMI FL 33156**

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 the date signed

(NOTE: Registered Agent signature required when reinstates)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>KEE, PABLO</b>
STREET ADDRESS	<b>2935 DAY AVE</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000 33133</b>
TITLE	<b>S</b>
NAME	<b>HSIA, MARTHA</b>
STREET ADDRESS	<b>13701 SW 72 VE</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000 33158</b>
TITLE	<b>T</b>
NAME	<b>WAH SHUN, LEUNG</b>
STREET ADDRESS	<b>11584 SW 91 TERR 8339 S.W. 166St.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information 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 of this report or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Pablo Kee*

1/17/95

(305) 662-1649