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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

G66721

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	EINTERNATIONAL INVEST				
SUITE 112 SUITE 112 LONGWOOD FL 32750 LONGWOOD FL		Tral Parkway 2750	s seems eens enns steleg (1561 (161) 9181) 9181/ 9181/ 9181/ 9181/ 9181/ 9181/ 9181/		
US		US		3. Date Incorporated or Qualified 10/19/1983	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	04/11/1995 Applied For
21	II.	26		59-2338637	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
- Ζίρ 	Country	Ζιρ	Country	8. This corporation has liability for int	
24	25 9. Name and Address of Curre	29	30	Florida Statutes	₽ ₩o
	a. Harrie and Address of Curre	rit Registered Agent	81 Name	10. Name and Address of New Reg	platered Agent
YEN, M	ring				
4008 SHADYOAK CT			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
	MARY FL 32746		83		
			84 City		
			[],		FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sex	2 and 607.1508, Florida Statu ida. Such change was author tion 607.0505, Florida Statute	ites, the above-named corporated by the corporation's boats.	oration submits this statement for the purpo and of directors. I hereby accept the appoin	se of changing its registered offic trient as registered agent. I am
SIGNATURE .	rung 4	<u> </u>	ling Yen		4-16-96
12.	Signature, typed or printed name of registered age OFFICERS At	and title if applicable (N ND DIRECTORS	IOTE: Registered ligent signature require		
TITLE	DP DP	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	YEN, MING		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	4008 SHADYOAK CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 00000		1.4 CITY+ST-ZIP		
TITLE		DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-SI-ZIP		☐ DELETE	24 CITY-ST-ZIP		
NAME		□ preceit	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
DITY-ST-ZiP	·		3.4 CITY - ST - ZIP		
HLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		FT DOLOTE	4.4 CITY - ST - ZIP		
AME		DELETE	5. 1 TITLE		Change Addition
TREET ADDRESS			5.2 NAME		
ITY - ST - ZIP			5.3 STREET ADDRESS		
ITLE		DELETE	5 4 CHY-ST-7IP 6 1 TITLE		Change Addition
IAME			6 2 NAME		☐ outside ☐ vorigiou
TREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP			6 4 DITY - ST - ZIP		
oath; that I a	certify that the information supplied in the information Indicated on this annual am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ration or the receiver or truste	o oppositioned to and accura	or the exemption stated in Section 119.07(5 te and that my signature shall have the san s report as required by Chapter 607, Florida	t)(k), Florida Statutes. I further ne legal effect as if made under a Statutes; and that my name

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR YEAR AND TYPED OR TYPED O