

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H00981 (1)**
1. Corporation Name
DRAGON HOUSE INVESTMENT & DEVELOPMENT, INC.



Principal Place of Business Mailing Address
**8547 SIDON ST
ORLANDO FL 32817** **8547 SIDON ST
ORLANDO FL 32817**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1984		3a. Date of Last Report 05/01/1995	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 59-2429665		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		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

**KAO, JENNIFER S.
8547 SIDON ST
ORLANDO FL 32817**

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 translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAO, CHICHANG	1.2 NAME	PD KAO CHICHANG
STREET ADDRESS	8547 SIDON STREET	1.3 STREET ADDRESS	8547 SIDON ST
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORL FL
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAO, PARKMING	2.2 NAME	
STREET ADDRESS	52C BROADWAY 1ST FL	2.3 STREET ADDRESS	
CITY - ST - ZIP	MEIFOO, SUN, HONG KONG	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAO, CHUNNING	3.2 NAME	
STREET ADDRESS	4409 ST. ANNE, PIERREFONDS	3.3 STREET ADDRESS	
CITY - ST - ZIP	CANADA, H9H2Z5	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAO, SHERMAN P.	4.2 NAME	TD KAO SHERMAN P
STREET ADDRESS	81 BARONUS CR.	4.3 STREET ADDRESS	81 BARONESS CR
CITY - ST - ZIP	WILLOWDALE, ONTARIO CANADA	4.4 CITY - ST - ZIP	WILLOWDALE ONT CANADA
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAO, JENNIFER S.	5.2 NAME	
STREET ADDRESS	8547 SIDON STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001918812
STREET ADDRESS		6.3 STREET ADDRESS	-08/12/96--01019--015
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jennifer Kao (Jennifer Kao)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

407 679 8342

CR2E034 (3/96)