

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J33616 (0)
1. Corporation Name
THE FLORIDA CHINESE NEWS, INC.



Principal Place of Business 1803 NE 146 ST NORTH MIAMI FL 33181	Mailing Address 1803 NE 146 ST NORTH MIAMI FL 33181-1423
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3. Date Incorporated or Qualified 09/17/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2723234	Applied For Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CHING, KAISHAN
13720 NE MIAMI CT.
N. MIAMI BEACH FL 33161

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1671-A N.E. 163rd ST	33162
83	
84 City N. MIAMI BEACH FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP	33162	
TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS	1671-A NE 163rd ST	
CITY - ST - ZIP	24 CITY - ST - ZIP	N. MIAMI BEACH, FL 33162	
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 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 on an attachment with an address.

SIGNATURE: _____ 1/3/97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)