

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/11/95--01029--005
1400.00 *200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J41257** (3)

1. Corporation Name
FERRARI, INCORPORATED

Principal Place of Business Mailing Address
7123 CALOOSA CT. ORLANDO FL 32819 **7123 CALOOSA CT. ORLANDO FL 32819**

3. Date Incorporated or Qualified **11/03/1986** 3a. Date of Last Report **03/24/1994**

2. Principal Place of Business 2a. Mailing Address
21 **9099 S.R. 535** 26 **9099 S.R. 535**

4. FEI Number **59-2746066** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State **ORLANDO, FL** 28 City & State **ORLANDO, FL**

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

24 Zip **32836** 25 Country **ORANGE** 29 Zip **32836** 30 Country **ORANGE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YING, NELSON
7123 CALOOSA CT
ORLANDO FL 32819

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9099 S.R. 535
83
84 City **ORLANDO** FL 85 Zip Code **32836**

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 *Nelson Ying* **NELSON YING, DIRECTOR** **4/22/95** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YING, NELSON	1.2 NAME	
STREET ADDRESS	7123 CALOOSA CT	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YING, BARBARA	2.2 NAME	
STREET ADDRESS	7123 CALOOSA CT.	2.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(3)(b), 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: *Nelson Ying* **NELSON YING, DIRECTOR** **4/22/95** **407-879-1793**