

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J41257 (3)**

1. Corporation Name
FERRARI, INCORPORATED



Principal Place of Business: 9099 SR 535 ORLANDO FL 32836
Mailing Address: 9099 SR 535 ORLANDO FL 32836

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26
9101 S.R. 535
Suite, Apt. #, etc.: 27
City & State: 28
Orlando, FL
Zip: 29
32836
Country: 30
Orange

4. FEI Number: 59-2746066
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
YING, NELSON
9099 SR 535
ORLANDO FL 32836

10. Name and Address of New Registered Agent
81 Name: **Cynthia Yu**
82 Street Address (P.O. Box Number is Not Acceptable): **9101 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: *Cynthia Yu* **Cynthia Yu** 407-876-1793
Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YING, NELSON	
STREET ADDRESS	7123 CALOOSA CT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	YING, BARBARA	
STREET ADDRESS	7123 CALOOSA CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9101 S.R. 535
1.4 CITY - ST - ZIP	Orlando, FL 32836
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VAS
2.3 STREET ADDRESS	YING, NELSON JR.
2.4 CITY - ST - ZIP	9101 S.R. 535 ORLANDO, FL 32836
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 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: *Nelson Ying* **Nelson Ying, Director** 407-876-1793
Date Daytime Phone #

CR2E034 (12/95)