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)

FERRARI, INCORPORATED

Finne-pat	Plac	e o	Busines
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Mailing Address

9099 SR 535

9099 SR 535



UHLANDO	FL 32030	UNLANDO PL 32636								
					 Date incorporated or Qualified 11/03/1986 		_ast Re 01/1 9	•		
2. Pengipal Pia	ice of Business	2a. Mailing Address			4. FEI Number			oplied For		
11		26 9101 S.R. 53	35		59-2746066		1	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	sired X \$8.75 Additional Fee Required					
Oty & State		City & State		Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees					
3		28 Orlando, Fl	T Cc	untry	B. This corporation has liability for	r intensible toy u				
7(p) 4	Country 25	^{Zip} 32836		only Fange	· · · · · · · · · · · · · · · · · · ·	es No	iudi \$	199.032,		
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Age	nt			
				81 Name	Cumthia Vu					
YING	NELSON			Cynthia Yu B2 Street Address (P.O. Box Number is Not Acceptable)						
9099 8				Sireot 7	Street Address (P.O. Box Number is Not Acceptable) 9101 S.R. 535					
	NDO FL 32836			83						
				84 City	01	FL	15 Zig	2836		
	40 1007 050	0	a the ele	l l	Orlando	urnose of chance	oo ite r	2030		
 Pursuant t or register 	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor	i2 and 607.1508, Florida Statutes rida. Such change was authorize	s, the ac d by the	corporation's t	rporation submits this statement for the p poard of directors. I hereby accept the ap	pointment as reg	istered	agent. I am		
familiär wit	n, and accept the obligations of, Sec	ion 607.0505, Florida Statutes.								
SIGNATURE .	Skyriature: typed or printed name; registered ages	of and tille it ay, grapie (NOTI	Cy F: Hogistore	∤nthia .Y! ⊌d Agent signafure re	T PO II EL CONTROL B	07-876-17				
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO O					
HULF	DP	☐ DELETE	1.1	TITLE		25) (Change	Addition		
NAME	YING, NELSON		1.2	NAME						
STREET ADDRESS	7123 CALOOSA CT		1.3	STREET ADDRESS	9101 S.R. 535					
CITY - S1 - ZIP	ORLANDO FL		1.4	CITY - SI - ZIP	Orlando, Fl 32836					
THE	DST	▼ DELETE	2 1	TITLE	VAS		Change	X Addition		
NAME	YING, BARBARA		22	NAME	YING, NELSON JR.					
STREET ADDRESS	7123 CALOOSA CT		23	STREET ADDRESS	9101 S.R. 535					
CITY - ST - ZIP	ORLANDO FL		24	CITY-ST-ZIP	ORLANDO, FL 32836					
101: F		☐ DELETE	3 1	TITLE			Change	☐ Addition		
NAME			32	NAME						
STREET ADDRESS			3.3	STREET ADDRESS						
CITY - ST- ZIF			34	CITY-ST-ZIP						
THEF		☐ DELETE	4 1	1 TITLE			Change	☐ Addition		
NAME			. 42	NAME						
STREET ADORESS			43	STREET ADDRESS						
CITY - SI - ZIP			4.4	CITY-ST-ZIP						
THE		☐ DELETE	5	1 TITLE			Change	☐ Addition		
NAME			5 2	NAME						
STREET ADDRESS			5.3	STREET ADDRESS						
CHY-S1 ZIF			5.4	I CITY-ST-ZIP						
THE	† · · · · · · · · · · · · · · · · · · ·	☐ DELETE		1 TITLE			Change	☐ Addition		
NAME			62	NAME						
STHELL ADDRESS			63	STREET ADDRESS						
			1	CITY-ST-ZIP						
Clir St ZIP	y certify that the information supplier	d with this filma is voluntarily furn	ished an	d does not qua	alify for the exemption stated in Section 1	19.07(3)(k), Florid	a Statu	ites. I further		

certify that the information supplied with this limits is voluntarily runnshed and does not quality for the exemption stated in Section 119.0/(3)(k), Florida Statutes, Flurther 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 is finade under cath, 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:

SIGNATURE AND TYPED OF AMINTED NAME OF SIGNING OFFICER OR DIRECTOR Nelson Ying, Director