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 # J 78 701

1. Corporation Name
T'CHINE, INC

Principal Place of Business	Mailing Address
6348 Cooper's Green Ct ORLANDO, FL 32819	6348 Cooper's Green Ct ORLANDO FL 32819

3. Date Incorporated or Qualified: 06-01-87
3a. Date of Last Report:
4. FEI Number: 59-2848387 (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

2. Principal Place of Business	2a. Mailing Address
21 6900 S. ORANGE Blossom Trl	26 6900 S. Orange blossom trl.
22 Suite 432	27 Suite 432
23 ORLANDO Florida	28 ORLANDO Florida
24 Zip 32809 — 25 Country USA	29 Zip 32809 — 30 Country USA

9. Name and Address of Current Registered Agent

MINEOLA, INC
6900 S ORANGE Blossom Trail
Suite 432
ORLANDO FL 32809

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HUBERT J MASQUEFA		1.2 NAME	HUBERT J MASQUEFA	
STREET ADDRESS	299 Boulevard de la Mer		1.3 STREET ADDRESS	6900 S. ORANGE blossom trail #432	
CITY-ST-ZIP	83600 Frejus, FRANCE		1.4 CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GUY MASQUEFA		2.2 NAME	GUY MASQUEFA	
STREET ADDRESS	299 Boulevard de la Mer		2.3 STREET ADDRESS	6900 S. ORANGE blossom trail #432	
CITY-ST-ZIP	83600 FREJUS, FRANCE		2.4 CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001860877	
STREET ADDRESS			5.3 STREET ADDRESS	-06/13/96--01014--044	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6-12-96 JR

CR2E034 (12/95)

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)(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 added by attachment with an address.

SIGNATURE: [signature] 4-26-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #