
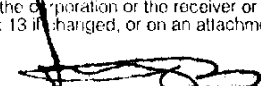


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K41562 (5)					
1. Corporation Name MIAMI CHINATOWN DEVELOPMENT CORP.					
Principal Place of Business 331 N.E. 18TH STREET MIAMI FL 33132			Mailing Address 331 N.E. 18TH STREET MIAMI FL 33132-1139		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 07/09/1996	
22 City & State		27 City & State		4. FEI Number 13-3494565	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHIH, ISAAC 331 NE 18TH ST MIAMI FL 33132				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 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D	SHIH, JOAN	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		331 NE 18TH ST		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		MIAMI FL		12 NAME	
CITY - ST - ZIP				13 STREET ADDRESS	
TITLE	D	SHIH, ISAAC	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		331 NE 18TH ST		21 TITLE	
STREET ADDRESS		MIAMI FL		22 NAME	
CITY - ST - ZIP				23 STREET ADDRESS	
TITLE	VP	SHIH, GRACE	<input type="checkbox"/> DELETE	2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		331 NE 18TH ST		31 TITLE	
STREET ADDRESS		MIAMI FL		32 NAME	
CITY - ST - ZIP				33 STREET ADDRESS	
TITLE			<input type="checkbox"/> DELETE	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				41 TITLE	
STREET ADDRESS				4 2 NAME	
CITY - ST - ZIP				43 STREET ADDRESS	
TITLE			<input type="checkbox"/> DELETE	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				51 TITLE	
STREET ADDRESS				52 NAME	
CITY - ST - ZIP				53 STREET ADDRESS	
TITLE			<input type="checkbox"/> DELETE	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				61 TITLE	
STREET ADDRESS				62 NAME	
CITY - ST - ZIP				63 STREET ADDRESS	
TITLE			<input type="checkbox"/> DELETE	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

3/23/97 (305) 372-5209
Date Daytime Phone #
0175621