

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:43

DOCUMENT # K82677

(1)

1. Corporation Name

MIAMI CHINESE TIMES, INC.

Principal Place of Business

331 N.E. 18TH ST.
MIAMI FL 33132

Mailing Address

331 N.E. 18TH ST.
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/01/1989	02/23/1994
4. FEI Number	Applied For
65-0117552	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒ Yes	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☒ Yes	
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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

SHIH, ISAAC
331 N.E. 18TH ST.
MIAMI FL 33132

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. 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

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	SHIH, ISAAC
STREET ADDRESS	331 NE 18TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	SHIH, ISAAC
STREET ADDRESS	331 NE 18TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY, ST, ZIP	
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY, ST, ZIP	

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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)(b), Florida Statutes. I further certify that the information included in 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 or block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95

(305) 372-5209

0133005 CP