

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K95691 (7) 1. Corporation Name FORTUNE INTERNATIONAL DEVELOPMENT CORP.			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4: 21

Principal Place of Business	Mailing Address
C/O BOAZ BARNAVON 1356 RICHWOOD CIRCLE ROCKLEDGE FL 32955-3907	C/O BOAZ BARNAVON 1356 RICHWOOD CIRCLE ROCKLEDGE FL 32955-3907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1330 Heritage Acres Blvd		26 SUNG, YI - MEI		06/15/1989		03/10/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Rockledge, FL.		27 1330 Heritage Acres Blvd		59-2956135		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 32955		28 Rockledge, FL.		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	
24		25		29 32955		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAR-NAVON, BOAZ 1356 RICHWOOD CIRCLE ROCKLEDGE FL 32955				81 Name BAR-NAVON, BOAZ			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1384 Heritage Acres Blvd			
				83 Suite A			
				84 City Rockledge FL 85 Zip Code 32955			

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	1. TITLE	DPS	☐ Change ☒ Addition			
NAME	SUNG, YI-MEI	1.2 NAME	SUNG, YI-MEI				
STREET ADDRESS	1356 RICHWOOD CIRCLE	1.3 STREET ADDRESS	1330 Heritage Acres Blvd				
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	ROCKLEDGE, FL				
TITLE	TS	2.1 TITLE	TS	☐ Change ☒ Addition			
NAME	BAR-NAVON, BOAZ	2.2 NAME	BAR-NAVON, BOAZ				
STREET ADDRESS	1356 RICHWOOD CIRCLE	2.3 STREET ADDRESS	1384 Heritage Acres Blvd, Suite A				
CITY - ST - ZIP	ROCKLEDGE FL	2.4 CITY - ST - ZIP	Rockledge, FL				
TITLE	V	3.1 TITLE	VT	☐ Change ☒ Addition			
NAME	MA, RICH	3.2 NAME	MA, RICH				
STREET ADDRESS	1356 RICHWOOD CIRCLE	3.3 STREET ADDRESS	1330 Heritage Acres Blvd				
CITY - ST - ZIP	ROCKLEDGE FL	3.4 CITY - ST - ZIP	Rockledge, FL				
TITLE		4.1 TITLE		☐ Change ☐ Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		☐ Change ☐ Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		☐ Change ☐ Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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 110.07(3)(b), 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: Sung Yi-Mei April 09 407-6900952
 SIGNATURE AND TYPE OF OFFICER OR DIRECTOR