FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:19

DOCUMENT # L22294 (7)

1. Corporation Name
WINMORE, INC.

Principal Place of Business	Mailing Address
15157 S.W. 95TH LANE MIAMI FL 33196	15157 S.W. 95TH LANE MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 12810 SW 122 AVE.
22 Suite, Apt. #, etc:
23 City & State: MIAMI, FL.
24 Zip: 33186
25 Country: DADE

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0151902 ☐ 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

9. Name and Address of Current Registered Agent

CHOW, SAMUEL S. J.
15157 S.W. 95 LANE
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: CHOW, SAMUEL S. J.
82 Street Address (P.O. Box Number is Not Acceptable): 15965 SW 109 ST
83:
84 City: MIAMI FL 85 Zip Code: 33196

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] Feb. 17. 95
(Signature of or printed name of registered agent and title if applicable) (Date) (If Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DPS	☑ Change ☐ Addition
NAME	CHOW, SAMUEL S. J.	12 NAME	CHOW, SAMUEL S. J.	
STREET ADDRESS	15157 S.W. 95 LANE	13 STREET ADDRESS	15965 SW 109 ST.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL. 33196	
TITLE	VT	21 TITLE	VT	☑ Change ☐ Addition
NAME	CHOW, LIESLE C.C.	22 NAME	CHOW, LIESEL C.C.	
STREET ADDRESS	15157 SW 95 LANE	23 STREET ADDRESS	15965 SW 109 ST.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL. 33196	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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] SAMUEL S. J. CHOW Feb. 17. 95 305-256-7586
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0200947 CP