

**CORPORATION
ANNUAL REPORT
1994**

FLORIDA DEPARTMENT OF STATE
In Accordance with
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 JUL -8 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CHINA FAIR OF VENICE, INC.

DOCUMENT #
L40019 (6)

Mailing Address
**4189 S. TAMiami TRAIL
VENICE FL 34293**

Principal Place of Business
**4189 S. TAMiami TRAIL
VENICE FL 34293**

If above addresses are incorrect in any way, the through incorrect information and enter correction below

3. Date Incorporated or Qualified **12/29/1989** 3a. Date of Last Report **03/15/1993**

4. FEI Number
65-0175475

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**

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOI, WAI LAM
4189 S. TAMiami TRAIL
VENICE FL 34293**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**D
CHAN, WAI SUM
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**D
CHAN, JEAN CHONG CHUN
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**D
CHOI, WAI MAN
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**D
CHOI, MANCY
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**D/P
CHOI, WAI LAM
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**D
CHOI, MELISSA MEI MEI
127 SW SINCLAIR ST.
PT. CHARLOTTE FL**

61 TITLE
62 NAME
63 STREET ADDRESS
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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplement to the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, 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 OFFICING OFFICER OR DIRECTOR

6-30-94 (813) 497-6776