
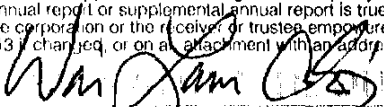


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 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 # L40019 (6)					
1. Corporation Name CHINA FAIR OF VENICE, INC.					
Principal Place of Business 4189 S. TAMiami TRAIL VENICE FL 34293		Mailing Address 4189 S. TAMiami TRAIL VENICE FL 34293-5112			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1989	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 02/14/1996	
22. City & State		27. City & State		4. FEI Number 65-0175475	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D CHAN, WAI SUM <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
TITLE	D CHAN, JEAN CHONG CHUN <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
TITLE	D CHOI, WAI MAN <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
TITLE	D CHOI, MANCY <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
TITLE	DP CHOI, WAI LAM <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
TITLE	D CHOI, MELISSA MEI MEI <input type="checkbox"/> DELETE				
NAME	127 SW SINCLAIR ST.				
STREET ADDRESS	PT. CHARLOTTE FL				
CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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, changed, or on an attachment with an address.					
SIGNATURE:  3/27/97 941-497-6776					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)