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

PROFIT



FLORIDA DEPARTMENT OF STATE

•	DRATION L REPORT <b>996</b>		DiVIS	Sandra B. Secretary SION OF CO		ONS	5			
OCUME Corporation Na	ENT#	L46468	(!	9)						
•		EMENT CO., IN	NC.				1 100 110 11 010 010 010 010 010 010 01	HINA JAN DIAN AIR		
incipal Place of E	Business		Mailing Address							
% DAVID G. MURRAY, ESQ. 321 SE 15 AVE			% DAVID G. MURRAY, ESO. 321 SE 15 AVE							
FT LAUDERDALE			FT LAUDERDA	LE FL 3330	n		3. Date Incorporated or Qualific	1	of Last Re	-
							01/31/1990	0:	5/26/199	
Principal Place	e of Business	-	2a. Mailing Addr	ress			4. FEI Number 65-0170330		<del></del>	pplied For lot Applicable
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			to Fees	
Zip	25 Cou		Zip <b>29</b>		Country 30	/ 		Yes No		199.032,
	9. Name and Add	dress of Current R	egistered Agent		81	Name	10. Name and Address of Ne	w Hegistereo	Agent	
MURRAY, DAVID G., ESQ. 321 SE 15 AVE			82 Street Add			Street Add	ress (P.O. Box Number is Not Accep	otable)		
							1033 ( 70 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
FT LAUDEF	RDALE FL 3330	1			83					
					84	City			85 Zip	Code
or registered :	agent, or both, in t	ections 607.0502 an the State of Florida. ligations of, Section	Such change was	authorized	the above-	named corpo	oration submits this statement for the ard of directors. I hereby accept the	purpose of ch appointment as	anging its re	egistered office
or registered a familiar with, a SNATURE	agent, or both, in t and accept the ob	the State of Florida. ligations of, Section and of registered agent and	Such change was 607.0505, Florida tite fapplicable	authorized Statutes.	the above- by the corp	named corpo coration's boa	ard of directors. I hereby accept the a	appointment as	anging its restreed	egistered offic agent. I am
or registered a familiar with, a GNATURESign	agent, or both, in t and accept the ob	the State of Florida ligations of, Section	Such change was 607.0505, Florida tite fapplicable	authorized Statutes. (NOTE	the above- by the corp	named corpo coration's boa	ard of directors. Thereby accept the	DATE	anging its restreed	egistered offic agent. I am
or registered a familiar with, a SIGNATURE SIGNATURE	agent, or both, in I and accept the ob- makine, typed or printed no  D  SCHWARTZ, SA	the State of Florida. ligations of, Section and of registered agent and OFFICERS AND D	Such change was 607.0505, Florida tite f applicable DIRECTORS	authorized Statutes. (NOTE	the above- by the corp Registered Age	named corpo poration's boa ent signature require	ard of directors. I hereby accept the a	DATE	anging its restreed	egistered offic agent. I am RS IN 12
or registered a familiar with, a Sign Sign Sign Sign Sign Sign Sign Sign	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS	authorized Statutes. (NOTE	Registered Age  13. 1 1 TITLE 12 NAME	named corpo poration's boat int signature roughts	ard of directors. I hereby accept the a	DATE	anging its restreed	egistered offic agent. I am RS IN 12
or registered a familiar with, a GNATURE Sign  IF ME REET ADDRESS Y-ST-7IF	agent, or both, in I and accept the ob- makine, typed or printed no  D  SCHWARTZ, SA	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida tite f applicable DIRECTORS	authorized Statutes. (NOTE:	Registered Age  13. 1 1 TITLE 12 NAME	named corpo poration's boat ant signature roup ins IT ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restreed	egistered offic agent. I am RS IN 12
or registered a familiar with, a SIGNATURE SIG	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida tire 1 applicable DIRECTORS DEL	authorized Statutes. (NOTE:	the above-by the corp  Registered Age  13. 11THLE 12 NAME 13 STREE 14 CITY-	named corpo poration's boat int signature roupline of ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restricted of the control	egistered office agent. I am RS IN 12
or registered a familiar with, a SIGNATURE Sign  LEF ME REET ADDRESS Y-ST-7IP LEF ME ME REET ADDRESS	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida tire 1 applicable DIRECTORS DEL	authorized Statutes. (NOTE:	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE	named corpo poration's boat and signature roup line IT ADDRESS	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restricted of the control	egistered offic agent. I am RS IN 12
or registered a familiar with, a GNATURE Sign  LEF ME REET ADDRESS Y-ST-7IP LEF ME REET ADDRESS Y-ST-7IP	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida tire 1 applicable DIRECTORS DEL	authorized Statutes. (NOTE- LETE	Registered Age  13. 11 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME	named corpo poration's boar int signature roupline I ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restricted of the control	egistered offic agent. I am RS IN 12
or registered of familiar with, a GNATURE Sign II.  LIF ME REET ADDRESS (Y-ST-7)P LF ME REET ADDRESS (Y-ST-7)P LE	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title 1 applicable DIRECTORS DEL	authorized Statutes. (NOTE- LETE	Registered Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY-	named corpo poration's boat int signature roup line IT ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its resistered  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition
or registered of familiar with, a GNATURE Sign R. LF ME REET ADDRESS IY-ST-ZIP CLE ME ME REET ADDRESS IY-ST-ZIP CLE ME ME REET ADDRESS IY-ST-ZIP CLE ME	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title 1 applicable DIRECTORS DEL	authorized Statutes. (NOTE- LETE	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  ET ADDRESS	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its resistered  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition
or registered a familiar with, a SINATURE Sign.  ILE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida  tite 1 applicable DIRECTORS  DEL  DEL	Authorized Statutes.  (NOTE:	Registered Age 13. 1 1 TILE 12 NAME 13 STREE 14 CITY- 2 1 TILE 22 NAME 23 STREE 24 CITY- 3.1 TILE 3.2 NAME 3.3 STREE 3.4 CITY-	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its resistered  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition
or registered a familiar with, a sign.  SINATURE Sign.  ILE  ME  REET ADDRESS  Y-ST-7IP  LE  ME  REET ADDRESS  Y-ST-7IP  LE  ME  REET ADDRESS  Y-ST-7IP  LE  ME  REET ADDRESS  Y-ST-7IP	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title 1 applicable DIRECTORS DEL	Authorized Statutes.  (NOTE:	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
or registered a familiar with, a GNATURE Sign.  LE ME REET ADDRESS Y-ST-7IP LE ME REET ADDRESS Y-ST-7IP LE ME ME REET ADDRESS Y-ST-7IP LE ME M	agent, or both, in I and accept the ob- melvic, typed or printed no D SCHWARTZ, S/ 19 HARBORAG	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida  tite 1 applicable DIRECTORS  DEL  DEL	Authorized Statutes.  (NOTE:	Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 24 CITY 3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY 4 1 TITLE 42 NAME	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
or registered a familiar with, a sign of the familiar with a sign of the familiar with, a sign of the familiar with a sign of the sign of the familiar with a sign of the familiar with a sign of the sign of	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL	Authorized Statutes.  (NOTE: LETE  LETE	Registered Age  13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3.1 TITLE 32 NAME 3.3 STREE 34 CITY- 4 1 TITLE 42 NAME 43 STREE 44 CITY-	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
or registered: familiar with, a GNATURE Sign  LE ME REET ADDRESS Y-ST-7IP LE ME REET ADDRESS	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida  tite 1 applicable DIRECTORS  DEL  DEL	Authorized Statutes.  (NOTE: LETE  LETE	The above-by the corp  Registered Age  13.  1 1 TITLE  12 NAME  13 STREE  14 CITY-  2 1 TITLE  22 NAME  23 STREE  24 CITY-  3. 1 TITLE  3.2 NAME  3.3 STREE  4 CITY-  4 1 TITLE  4 2 NAME  4.3 STREE  4.4 CITY-  5 1 TITLE	named corpo poration's boa  int signature require  I ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
Or registered is familiar with, a GNATURE  Signature  LE ME REET ADDRESS (Y-ST-7IP LE ME REET ADDRESS	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL	Authorized Statutes.  (NOTE: LETE  LETE	The above-by the corp    13.   1 1 TILE   12 NAME   13 STREE   14 CITY-   2 1 TITLE   22 NAME   23 STREE   24 CITY-   3 1 TITLE   3.2 NAME   3.3 STREE   3.4 CITY-   4 1 TITLE   4 2 NAME   4.3 STREE   4.4 CITY-   5 1 TITLE   5 2 NAME   5 1 TITLE   5 1 TITLE   5 2 NAME   5 1 TITLE   5 2 NAME   5 1 TITLE   5	named corpo poration's boa  It signature require  It ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
or registered is familiar with, a lignature Signature Si	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL	Authorized Statutes.  (NOTE: LETE  LETE	The above-by the corp    13.   1 1 TILE   12 NAME   13 STREE   14 CITY-   2 1 TITLE   22 NAME   23 STREE   24 CITY-   3 1 TITLE   3.2 NAME   3.3 STREE   3.4 CITY-   4 1 TITLE   4 2 NAME   4.3 STREE   4.4 CITY-   5 1 TITLE   5 2 NAME   5 1 TITLE   5 1 TITLE   5 2 NAME   5 1 TITLE   5 2 NAME   5 1 TITLE   5	named corpo poration's boa  It signature require  It ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
or registered familiar with, a familiar with a familiar w	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL	ELETE  LETE  LETE  LETE	The above-by the corp    13.   1 Title   12 NAME   13 STREE   14 CITY-   2 TITLE   22 NAME   3.3 STREE   24 CITY-   4 TITLE   4 2 NAME   4.3 STREE   4.4 CITY-   5 TITLE   5 2 NAME   5.3 STREE   5.3	named corpo poration's boa  It address ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its reserved  DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition Addition
or registered is familiar with, a familiar with a familiar with, a familiar with a fa	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL  DEL  DEL  DEL	ELETE  LETE  LETE  LETE	the above-by the corp    13.     1   1   1   1   1   1     1   2   NAME     1   3   5   1     2   1   1   1     2   1   1   1     2   1   1     3   1   1     4   1   1     4   1   1     5   1   1     5   1   1     6   1   1     6   NAME     6   1   1     7   1     7   1     8   1     9   1	named corpo poration's boa  It address ST-ZIP  IT ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restricted  DIRECTO Change Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition Addition Addition
or registered is familiar with, a lignature Signature Si	agent, or both, in I and accept the ob pative, typed or printed no D SCHWARTZ, S/ 19 HARBORAG FT LAUDERDAI	the State of Florida. Ilgations of, Section  OFFICERS AND D  AMUEL R. IE ISLE DRIVE	Such change was 607.0505, Florida title I applicable DIRECTORS DEL  DEL  DEL  DEL	ELETE  LETE  LETE  LETE	the above-by the corp    13.     1   1   1   1   1   1     1   2   NAME     1   3   5   1     2   1   1   1     2   1   1   1     2   1   1     3   1   1     4   1   1     4   1   1     5   1   1     5   1   1     6   1   1     6   NAME     6   1   1     7   1     7   1     8   1     9   1	I ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ard of directors. I hereby accept the a	DATE DEFICERS AND	anging its restricted  DIRECTO Change Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARGES COLOR DUSTING PRIORE I