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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FAIRY IN	MPORT EXP	PORT, INC.										
Principal Place	e of Business		Ма	Mailing Address				1 1882/10/6 08/1 0/14/0 /14/06 /18/06 (0/10/0/10/14	erbih ofen eibih bil			
295 N.W. 27TH ST. MIAMI FL 33127				295 N.W. 27TH ST. MIAMI FL 33127-4121								
								3. Date Incorporated or Qualified 02/27/1990	3a, Date of 03/15/1		porl	
2. Principal P		ss	2a. 26	_ <b>  </b>				4. FE Number 65-0020269	Applied For Not Applicable			
Suite, Apt. #, etc.			27]				5. Certificate of Status Desired		<b>8.75</b> A Fee Rec	dditional quired		
City & State			28					Election Campaign Financing Trust Fund Contribution		<b>5.00</b> ( Added to		
Zip 24	Country 25		29	7 ip Count <b>29 30</b>		ry			Yes 🔲 No	Yes 🔲 No		
	9, Name a	nd Address of C	urrent Regist	ered Agent				10. Name and Address of New Re	gistered Agen	.t		
HSU, CHIA-JUNG 295 N.W. 27TH ST. MIAMI FL 33127					8		**********	oss (P.O. Box Number is Not Acceptable)				
MIAN	WI FL 33121				8	3						
					8	4 City			FL 85	Zip C	Ode	
11. Pursuant office or ragent. I a	to the provisio registered agei im familiar with	ns of Sections 60: nt, or both, in the i, and accept the	7.0502 and 60 State of Florid obligations of,	07.1508, Florida Sta la. Such change wa , Section 607.0505,	itutes, the abo as authorized t Florida Statut	ve-name by the coes.	ed corpo orporatio	oration submits this statement for the poor's hoard of directors. I hereby accept	ourpose of char of the appointm	nging its nent as r	registered registered	
SIGNATURE	Signature, typed or	punted manie of register	ned agent ondible :	անորդում աման (1	NOTÉ Registiered A	gert signat	un require	d when te restating)	DATE			
12.		Carried States of the Control of the	S AND DIREC		13.	·		ADDITIONS/CHANGES TO OFFIC	CERS AND DIR	ECTOR	S IN 12	
TITLE	SD			DELI DE LI DE	11100		1			Change	Addition	
NAME	HSU, CHIA	-JUNG			1.2 NAM	ŀ						
STREET ADDRESS	295 N.W. 2	PTH ST.			13 STRE	et Addres	s					
CITY-ST-ZIP	MIAM! FL				14 GITY	- ST - ZIP						
TITLE	PD			☐ DELFTE	2 1 10 LF					Change	Addition	
NAME	HSU, PI-TU				2.2 NAM	Ė	ŀ					
STREET ADDRESS	295 N.W. 2	27 <b>T</b> H ST.			2.3 STHL	et addres	S					
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NAME	ŀ				3.2 NAM	Į.						
STREET ADDRESS					3.3 S1RC	ET ADDRES	S					
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TITLE				☐ DELETE	4.1 TITLE				Ц	Change	☐ Addition	
NAME	1				4. 2 NAM							
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CITY-ST-ZIP				DELETE		- ST-712			<del></del>	Change	Addition	
TITLE				LJ DECEN	5.1 TITLE				\	ananyo	L_ Addition	
NAME					5.2 NAM							
STREET ADDRESS						ET ADDRES	5					
CITY-ST-ZIP	ļ	***		DELETE	5.4 CHY				···	Change	Addition	
TITLE	}			புமாம	6.1 7111.6				L.J (	ภาสหมูธ	Addition	
NAME					G.2 NAM							
STREET ADDRESS						E1 ADDRES	5					
CITY-ST-ZIP	hy certify that t	the information su	makert with the	is filing does not a	6.4 CHY		) etalod	in Section 119 07(3)(i) Florida Statute	s Unithor cort	ify that I	lbic	

The information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under outh; 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 Statules; and that my name appears in Block 13 if changed, or on an attachment with an address.

**FILED** 

Jan 29 1997 8:00am

Secretary of State