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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

DOCUN 1. Corporation	MENT # L70834 ERNATIONAL, INC.	(1)	DRPORATIONS			
Principal Place 301 NW 28 ST MIAMI BEACH F		Mailing Address 301 NW 26 ST MIAMI BEACH FL 33127-4133 US				
US		US	:	3. Date Incorporated or Qualified 05/07/1990	3a. Date of Last R 04/19/1996	eport
	ace of Business W、 支援 - ST。	26 30 N.W. 2	8 57	4. FEI Number		oplied For
Suite, Apt	YV ₹Ø 3 	Suita, Apt. #, etc.	0 7].	65-0191321		ot Applicable Additional
		27		Certificate of Status Desired	Fee Ro	equired
City & State	MI, FLORIDA	City & State 28 MAMI F	ORIDA	Election Campaign Financing Trust Fund Contribution		May Be to Fees
^ጀ	Country	7中 29 ろ る(と	Country (0) (1.5.A.	This corporation has liability for Florida Statutes 10. Name and Address of New R	Yes No	. 199.032,
Pursuant to office or reagent. Land IGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607 0505, Flori	thorized by the corpo	orporation submits this statement for the rration's board of directors. I hereby acce	purpose of changing in	Code ts registered registered
	Significant typics or percent raise, of registered age OFFICERS AND		Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	30 IN 10
T Me Fe t aconesss	DP CHEN, MIKE Y. L. 1305 N BISCAYNE POINT RD	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
Y - ST - ZIE	MIAMI BEACH FL		1.4 CITY - ST - ZIP			
JE Me Beet Augress	DST CHEN, SALINA 1305 N BISCAYNE POINT RD	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addition
(\$1-70P	MIAMI BEACH FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
E Vi BELLADUR,SS			3.2 NAME 3.3 STREET ADDRESS			
r - S1, 20P. E		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
AL Beladoress			4. 2 NAME 4.3 STREET ADDRESS		O.w.igo	
Y-51 ZO: E AH		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change	Addition
Y-ST ZIP U-ST ZIP U-		DELEKE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change	☐ Addition
IRFE: ADDITIONS Dr-ST-7IP	by certify that the information supplier	d with this filing does not qualify	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that	the

information and cated 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 Lard an officer or director of the comportation of 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.

Date

Daytime Phone #