

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L98488** (4)

1. Corporation Name

**MING'S CHINA, INC.**



Principal Place of Business

**2260 N 56 AVE  
HOLLYWOOD FL 33021  
US**

Mailing Address

**2260 N 56 AVE  
HOLLYWOOD FL 33021  
US**

2. Principal Place of Business

21 **328 E. Dania Beach Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23 **Dania, FL**

Zip

24 **33004**

Country

25 **Broward**

27

City & State

28

Zip

29

Country

30

g. Name and Address of Current Registered Agent

**CHEUNG, MING  
2260 N 56 AVE  
HOLLYWOOD FL 33021**

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

Signature of the person named as registered agent shall be dated and signed.

Signature of the person named as registered agent shall be dated and signed.

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>CHEUNG, MING</b>             |                                 |
| STREET ADDRESS | <b>2260 N 56 AVE</b>            |                                 |
| CITY, ST, ZIP  | <b>HOLLYWOOD FL</b>             |                                 |
| TITLE          | <b>STD</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>CHEUNG, TERESA LAI-CHING</b> |                                 |
| STREET ADDRESS | <b>2260 N 56 AVE</b>            |                                 |
| CITY, ST, ZIP  | <b>HOLLYWOOD FL</b>             |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |

13.

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          |                                                                   |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          |                                                                   |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          |                                                                   |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          |                                                                   |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          |                                                                   |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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 recorder 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ming Cheung*  
Ming Cheung

11/6/96 (954) 923-4921  
Date Signature

CR2E034 (12/95)