

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy A. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

01 MAY - 1 1995 39

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FLORIDA DEPARTMENT OF STATE

DOCUMENT # M03413

(5)

FON ON OF FLORIDA, INC.

Principal Place of Business	Mailing Address
400 N.E. 67TH ST. BAY D MIAMI FL 33138	400 N.E. 67TH ST. BAY D MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/31/1984**      **05/01/1994**

4. FEI Number      Applied For  
**59-2693643**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution       \$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under § 102(4)(B)  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address. P.O. Box Number is Not Acceptable  
83.  
84. City      85. Zip Code  
**WONG, KWOK-CHENG**  
**8505 S.W. 42 TERRACE**      **1801 S.W. 14 ST.**  
**MIAMI FL 33155**      **MIAMI, FL 33145**

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent, if the same is familiar with, and accepts the requirements of Section 807.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICE	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, KWOK-CHENG	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8505 S.W. 42 TERRACE	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	MIAMI FL 33155	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARR, DENNIS	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7960 S.W. 34TH ST.	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	MIAMI FL	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I solemnly certify that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. 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 orally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment thereto.

**(305) 758-3880**  
SIGNATURE: Wong, Kwok-Cheng KWOK-CHENG WONG 5-21-95

RIGHT, UNDERSIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR