

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 APR 28 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M43979

(7)

1. Corporation Name

CHIN CORPORATION

Principal Place of Business

1036 S.W. 1ST STREET
MIAMI FL 33130

Mailing Address

1036 SW 1 ST
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2095027

Applied For

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

8. This corporation has liability for intangible tax under S. 189.052,
Florida Statutes ☒ Yes ☐ No

21. Principal Place of Business

1036 S.W. 1 ST.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

MIAMI FLA.

27. City & State

City & State

24. Zip

33130

Country

US

29. Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

FL ANNUAL RPT/CANTERA ASSOCIATES INC
1036 S.W. 1ST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name

FLORIDA ANNUAL REPORT SERVICES INC.

82. Street Address (P.O. Box Number is Not Acceptable)

1036 S.W. 1ST.

83.

84. City

MIAMI

FL

85. Zip Code

33130

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 607.0504, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES

4/95

(Signature, if 1995 or previous year's registered agent and then a new agent)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
PHEN, STEPHEN
7919 BISCAYNE BLVD.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
STD
PHEN, ELIZABETH
7919 BISCAYNE BLVD.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 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. I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN PHEN PRES

DATE

(Signature of Agent)