


FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N43166 (0)</b> 1. Corporation Name <b>AMERICA CHINA INTERNATIONAL DEVELOPMENT AGENCY INCORPORATED</b>					
Principal Place of Business <b>4668 HIGHWAY 90 W MILTON FL 32571 US</b>			Mailing Address <b>4668 HIGHWAY 90 W MILTON FL 32571-1411 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>04/29/1991</b>	
				3a. Date of Last Report <b>06/25/1996</b>	
				4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JOHNSON, E M (MAC) 1207 HAMILTON BRIDGE RD MILTON FL 32570</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	JOHNSON, E M (MAC)				
STREET ADDRESS	1207 HAMILTON BRIDGE RD				
CITY - ST - ZIP	MILTON FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CARD, ROBERT D				
STREET ADDRESS	5536 WALKER ROAD				
CITY - ST - ZIP	MILTON FL				
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	JOHNSON, KENNETH M				
STREET ADDRESS	4225 BURBANK RD				
CITY - ST - ZIP	MILTON FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOHNSON, MELVIN H				
STREET ADDRESS	720 FFA RD				
CITY - ST - ZIP	COVINGTON GA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MAYHEW, RONALD K				
STREET ADDRESS	1400 DEL MONTE ST.				
CITY - ST - ZIP	MILTON FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	REDMOND, ROGER J				
STREET ADDRESS	302 ROLLING RIDGE DR				
CITY - ST - ZIP	CHATTANOOGA TN				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	STD William R. Bohannon				
3.3 STREET ADDRESS	313 Independence Dr.				
3.4 CITY - ST - ZIP	Milton, FL 32570				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>E.M. Johnson</i> <b>REQUIRED</b> E.M. Johnson 04-22-97 (974) 623-8207					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)