

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002550 (0)

1. Corporation Name

CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

23165 OLD INLE BRIDGE DR.
BOCA RATON FL 33433

23165 OLD INLE BRIDGE DR.
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0587591

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HU, QING
23165 OLD INLE BRIDGE DR.
BOCA RATON FL 33433

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HE, MATTEW	
STREET ADDRESS	11743 SW 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HU, QING	
STREET ADDRESS	23165 OLD INLE BRIDGE DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LI, CHARLIE	
STREET ADDRESS	10889 TAMORON LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHI, WEINA	
STREET ADDRESS	17734 RAIN TREE TERR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WANG, NAIREN	
STREET ADDRESS	2860 SW NND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WU, JIE	
STREET ADDRESS	6533 SWEET MAPLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jianghong Yu	
1.3 STREET ADDRESS	6781 SW 105 Pl	
1.4 CITY-ST-ZIP	Miami, FL 33173	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Xingzhong Yu	
2.3 STREET ADDRESS	9714 SW 132 Street	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jason Yan	
3.3 STREET ADDRESS	619 Dracena Dr.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Yu Xiao	
4.3 STREET ADDRESS	6715 SW 88 Street, #78	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ren Xu	
5.3 STREET ADDRESS	1441 SW 102 Ave.	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Yaodong Zhang	
6.3 STREET ADDRESS	529 Shady Pine Way, #A1	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33415	

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 617, 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

4/22/96

(407) 477-7586

Date

Daytime Phone #

CR2E037 (12/95)