

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002550 (0)**  
1. Corporation Name  
**CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, I NC.**



Principal Place of Business <b>23165 OLD INLE BRIDGE DR. BOCA RATON FL 33433</b>	Mailing Address <b>11003 N.W. 18TH PLACE PLANTATION FL 33322</b>
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3. Date incorporated or Qualified <b>05/25/1995</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>65-0587591</b>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HE, MATTHEW  
11003 N.W. 18TH PLACE  
PLANTATION FL 33322**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINGZHOU, DING</b>	1.2 NAME	
STREET ADDRESS	<b>1301 N.W. 14TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HU, QING</b>	2.2 NAME	
STREET ADDRESS	<b>23165 OLD INLE BRIDGE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LI, CHARLIE</b>	3.2 NAME	
STREET ADDRESS	<b>10889 TAMORON LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, LISA</b>	4.2 NAME	
STREET ADDRESS	<b>2 DATRAN CENTER, 9130 S. DADELAND BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIATONG, DENG</b>	5.2 NAME	
STREET ADDRESS	<b>6113 S.W. 127TH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WU, JIE</b>	6.2 NAME	
STREET ADDRESS	<b>6533 SWEET MAPLE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	6.4 CITY-ST-ZIP	

14. I 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: *Matthew He* (Matthew He) 4/3/98 452-7426

CR2E037 (10/97)