

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002550 (0)**

1. Corporation Name

CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, INC.



Principal Place of Business 23165 OLD INLE BRIDGE DR. BOCA RATON FL 33433	Mailing Address 11003 N.W. 18TH PLACE PLANTATION FL 33322
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3. Date incorporated or Qualified 05/25/1995	
4. FEI Number 65-0587591	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

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	85 Zip Code
	FL

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

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