


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90132 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002550

1. Corporation Name
CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, I NC.

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/25/1995
21	26	4. FEI Number 65-0587591
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	
Zip	Country	
24	25	29
		30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HE, MATTHEW 11003 N.W. 18TH PLACE PLANTATION FL 33322				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, with all other like empowered.

SIGNATURE: Matthew He **SIGNATURE REQUIRED** Matthew He Director 1/28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)