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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002550

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/25/1995

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

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

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 DELETE
NAME MINGZHOU, DING
STREET ADDRESS 1301 N.W. 14TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME HU, QING
STREET ADDRESS 23165 OLD INLE BRIDGE DR.
CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME LI, CHARLIE
STREET ADDRESS 10889 TAMORON LANE
CITY-ST-ZIP BOCA RATON FL 33498

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WANG, LISA
STREET ADDRESS 2 DATRAN CENTER, 9130 S. DADELAND BLVD.
CITY-ST-ZIP MIAMI FL 33156

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME HIATONG, DENG
STREET ADDRESS 6113 S.W. 127TH PLACE
CITY-ST-ZIP MIAMI FL 33183

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME WU, JIE
STREET ADDRESS 6533 SWEET MAPLE LANE
CITY-ST-ZIP BOCA RATON FL 33433

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)