

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009049 (6)

1. Corporation Name

KWANS CORPORATION



Principal Place of Business

461 N.E. 168TH ST.
N. MIAMI BEACH FL 33162

Mailing Address

461 N.E. 168TH ST.
N. MIAMI BEACH FL 33162

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0381570

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KWAN, BAN H
461 N.E. 168TH ST.
N. MIAMI BEACH FL 33162

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 607.0502 and 607.1518, 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 607.0504, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(Signature) (Typed Name) (Typed Name) (Typed Name)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME KWAN, BAN H
STREET ADDRESS 461 N.E. 168TH ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

☐ DELETE

TITLE D
NAME KWAN, LAI H.
STREET ADDRESS 461 NE 168 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
1. NAME
1. STREET ADDRESS

1. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS

2. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS

3. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS

5. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS

6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, 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 DIR

4/26/96

Expire Period

CR2E034 (12/95)