

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000025418 (3)**

1. Corporation Name

**AMERICAN CHINAWARE INTERNATIONAL, INC.**

Principal Place of Business

**1956 TIGER TRAIL BLVD.  
BLDG. 17  
DANIA FL 33004  
US**

Mailing Address

**1956 TIGER TRAIL BLVD.  
BLDG. 17  
DANIA FL 33004  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/06/1993**

4. FEI Number

**65-0400774**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

9. Name and Address of Current Registered Agent

**HALPERN, ELIZABETH 1  
855 EAST OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

**HALPERN, ELIZABETH**

82 Street Address (P.O. Box Number is Not Acceptable)

**1956 TIGER TRAIL BLVD**

83

84 City

**DANIA**

**FL**

85 Zip Code

**33004**

11. Pursuant to the provisions of Sections 607.056 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Elizabeth Halpern*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 19/98**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP  
HALPERN, ELIZABETH  
1950 TIGER TRAIL BLVD., BLDG. 17  
DANIA FL**

☐ 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

*Elizabeth Halpern* **ELIZABETH HALPERN**

**Feb 19/98**

**954-927-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0541630

CR2004 (10/97)