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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000031087 (8)**1. Corporation Name

YU CHOU HAI CORP

Principal Place of Business 2300 CORAL WAY MAMI FL 33145 Mailing Address

2300 CORAL WAY MIAMI FL 33145-3511

APPROVED AND FILED

97 APR 30 PM 1:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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						3. Date incorporated or Qualified 04/29/1993				
2. Principa: Pr	lace of Busine	988 N	2a. Mailing Address	7832			4. FEI Number		— <del>— —</del>	pplied For
21 2300 C		.I	26 2300 CORAL WAY			65-0432513			ot Applicable	
Suite, Apt 22 SUITE			Suite, Apt. #, etc. 27 SUITE # 200			5. Certificate of Status Desired	esired S8.75 Additional Fee Required			
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23 MIAMI	FLORIDA		28 MIAMI FLORII	_			Trust Fund Contribution		Added	to Fees
Zip	<b>L</b>	Country	Zip		Country	<i>t</i>	8. This corporation has liability fo			s. 199.032,
24 33145		US	29 33145	30	US		Florida Statutes  10. Name and Address of New F	Yes		
FI O		and Address of Current AL REPORT SERVICE			81	Name	30. Name and Address of New F	ohistai on	Agent	
	o inc			L						
	) CORAL W	MI	82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
#200					83	<u> </u>				
MIN	VII FL 33145									
					84	City		FI	<b>85</b> Zip	Code
44 Dureuset	to the provision	vie of Spotions 607 0503	and 607 1509 Florida Statu	itae th	e ebou	e-named o	ornoration submits this statement for the			ite renistered
office or re	egistered age	by extxoth, in the State of	Florida Such change was	autho	ized b	y the corpo	orporation submits this statement for the ration's board of directors. I hereby acc	ept the app	pointment as	registered
هرا .agent	acteciila Mil	h kang yokeothine ohiliga	ions of Section 607.0505, F	lorida				VII.	>10	
SIGNATURE		y your	Ismo tile La plicable. (NO	TE Dogi	A povol	MADA_(	CANTERA LOPEZ.PRES equired when reinstating)	TOME	29 <i>7,</i>	)
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	by certify that	the information supplied	with this filing does not qua				ited in Section 119.07(3)(i), Florida Statu	tes. I furthe	er certify tha	t the

I. I do 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 on an attachment with an address.

SIGNATURE:

ATURE APOLINE DO PIPERINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97