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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000035944 (6)

CHINA PLAZA, INC.

FILED Apr 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			i ennithm ein lären inter nater nater afeit abind ertit	it milin datti mibit mibi obet	
276 S ORLANDO AVE 276 S ORLANDO AVE					
WINTER PARK FL 32789		WINTER PARK FL 32789		DO NOT INDITE IN TUIO	00405
US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	i
A D-111	Name of Division in			05/14/1993	
<u> </u>	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21	W -1-	26		59-3184139	Not Applicable
Suite, Apt.	₩, ĐIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	^	City & State			
23	•	⊢ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ip	Country		
24	26		30	This corporation owes or has paid the culpersonal Property Tax due June 30.	Yes \(\overline{\Delta}\) No
27		of Current Registered Agent	301	10. Name and Address of New Registered	
166	E. RAYMOND Y		81 Name		
	IS HOFFMAN DR				
			82 Street A	Address (P.O. Box Number is Not Acceptable)	
Uni	LANDO FL 32837		63		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Section	s 607 0502 and 607.1508. Florida Statuto	s, the above-named	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the app	f changing its registered
office or r	egistored agent, or both, ≀n Im familiar with, and accept	ithe State of Horida. Such change was at the obligations of, Section 607.050 6 , Flor	ithorized by the corp ida Statutes	oration's board of directors. I hereby accept the app	cointment as registered
SIGNATURE	Kais	Mond F. The		1/19	191
SIGNATURE	Signature typed or minted issue of n	enstried agent and tille it applicable. (NOTE:	Registered Agent signature i	required when reinstating) OAW	<i>H</i>
12.	OFFIC	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	LEE, RAYMOND Y		1.2 NAME		
STREET ADDRESS	2835 HOFFMAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	9 T	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		-
STREET ADDRESS			6 3 STREET ADDRESS		
City-St-ZiP			6.4 CITY-ST-ZIP		
	partify that the information of	unalized with this filing does not availed for		d in Section 119 07(2)(i) Florida Statutos I further or	write that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.

407-647-85.53