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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 22 1997 8:00am

Secretary of State

CR2E034

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043107 (0)

CHINA BAY, INC.

CITY-ST-ZIP

TRANG NGUYEN

Principal Place of Business Mailing Address 5728 N. ORANGE BLOSSOM TRAIL 5728 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810-1023 ORLANDO FL 32810 3a. Date of Last Report 3. Date Incorporated or Qualified 06/14/1993 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-3187657 26 Not Applicable Suite Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NGUYEN, TRANG 5728 N. ORANGE BLOSSOM TRAIL** 82 Street Address (P.O. Box Number is Not Acceptable) **ORLANDO FL 32810** 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 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 Signature, typed or printed name of registered agent and ode it applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition TITLE 1.1 TITLE NGUYEN, TRANG NAME 1.2 NAME 5728 N. ORANGE BLOSSOM TRAIL 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 1.4 CITY-ST-ZIP CHTY-ST-ZIP Change DELETE __ Addition 2.1 TITLE TOTALE NGUYEN, LOAN NAME 2.2 NAME 5728 N. ORANGE BLOSSOM TRAIL STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 30810 2.4 CITY-ST-ZIP COTY - ST - 7IP DELETE Change Addition 31 TITLE TITLE 32 NAME 1.07 NAME 7,1 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - S1 - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-SI-ZIP DELETE Change Addition 6.1 TITL€ TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP

14. 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.