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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

1. Corporation Name

P93000045761 (2)

CHINA JADE MANAGEMENT COMPANY

				> ·		,				
Principal Place of Business Mailing Address						. (821/88) 4/4 (8/84 21/1/ 82/1/ 84				
220 N ORLANDO AVENUE 220 N ORLANDO AVE										
MAITLAND FL 32751 MAITLAND FL 32751										
							 Date Incorporated or Qualified 06/23/1993 	3a. Date	of Last I 04/04/	
2. Principal Plac	e of Business	2 a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3085808		60.7	Not Apolicable
Suite, Apt #.	etc.	ļ ₁	Suite Apt. #, etc				5. Certificate of Status Desired			5 Additional Required
22		27	City & State			.	6. Election Campaign Financing			00 May Be
City & State		28	Oity ti Ottine				Trust Fund Contribution			ed to Fees
Zip	Country	+	Ζ φ	Country	/		8. This corporation has liability for		ax under	s 199.032,
24 25		29	30			Flonda Statutes Yes No				
	9. Name and Address of Curr	ent Regis	tered Agent		Ţ		10. Name and Address of New R	egisterea	Agent	
	•			81		Name				
	BUYEN PHAN		82 Street A		Street Add	lress (P.O. Box Number is Not Acceptat	ilė)			
	ORLANDO AVENUE			83	+					
MAIILA	ND FL 32751				L				1	
ı				84	1	City		FL	85	Zip Code
SIGNATURE	gnatize itsocillor per ted name of registere i a OFFICERS a			NOTE Respitation Age	11()	sign of are relegion	ADDITIONS/CHANGES TO OFF			
TITLE	D OFFICERS?	- INC.	DELETE	1 11111.6	_				☐ Chang	e 🔲 Addition
NAME	PHAN, HUE NGUYEN			1.2 NAME						
STREET ADDRESS	220 N ORLANDO AVENU	JE		1.3 STR€€	I A	ADORESS				
CITY - ST - ZIP	MAITLAND FL 32751			1.4 C/T) -		ZIP			Chang	e
TITLE	D		[] DELFIE	2 13916					C Outling	c
NAME	PHAN, KAI HUE 220 N ORLANDO AVENI	IE		22 NAME 23 STRII		• DOBESS				
STREET ADDRESS	MAITLAND FL 32751	<i>)</i> C		24 CITY -						
CITY-ST-ZIP TITLE	MP41C-415 (E GETO)		DELETE	3 1 TITLE					Chang	e 🔲 Addition
NAME				3.2 NAME						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			E3 bc cr	3.4 CITY -	_	r ZIP			Chang	je 🗍 Addition
TITLE			DEFELE	4 1 TITLE 4 2 NAME						,
NAME CYDELY ADODESE				4.2 NAME		ADDRESS				
STREET ADDRESS				4.4 GiTY		ĺ				
CITY - ST - ZIP TITLE			☐ DELETE	5 1 Till					Chan	ge 🔲 Addition
NAME				5.2 NAM	ŧ					
STREET ADDRESS				5 3 STRE	ŧI.	ADORESS				
CITY - S1 - ZIP				5 4 CITY		1 - ZIP			☐ Chan	ge 🔲 Addition
TITLE			DELETE	6 1 1110		1			□ спап	Ar TT MODITION
NAME				6.2 NAM		ADDRESS				
STREET ADDRESS				6.3.51ME		ADDRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicates on this annual report or supplicated 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 in changes, or you are attachment thin an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Ptiche €

- 1 AB 12 AB 1 144 AB 14 AB

CR2E034 (12/95)