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

Mailing Address 20505 S. DIXIE HWY

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058049 (6)

CHINA CHINA, INC.

Principal Place of Business

20505 S. DIXIE HWY

	-	FILEI	)
Feb	14	1997	8:00am
Se	ecre	etary c	of State



#1845 MIAMI FL 33189  2. Principal Flace of Business		#1845 MIAMI FL 33189-1228			3.	Date Incorporated or Qualified 08/16/1993	d 3a. Date of Last Report 02/20/1996			
					4	- FEI Number		Applied For		
1		26					65-0435881		<del>  </del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>,</del>	********	<del></del>	5.	Certificate of Status Desired		\$8.75	Additional adulred
City & State	0	City & State			6.	Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
<b>Z</b> ip	Country 25	Zip <b>29</b>	30 Col	intry		8.	<ul> <li>This corporation has liability for Florida Statutes</li> </ul>	iotangible Yes	tax under s	. 199.032,
• 1	9. Name and Address of Curr		1301	Ι''''		10	). Name and Address of New Re			
SAN	IGSUKWIRASATHIEN , SUSAN	· · · · · · · · · · · · · · · · · · ·	***************************************	81	Name					
	05 S. DIXIE HWY			82	Street A	ddress (	P.O. Box Number is Not Accepta	ble)		
#18 MIAI	45 MI FL 33189			83						
WILE				84	City				<b>85</b> Zip	Code
					-			FL	•	
agent I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obling spragar, typed or printed name of reputers.	igations of, Section 607.0505, F	lorida Sta	tutes	3.		en reinstating)	2/O DATE	(97	)
12.		ND DIRECTORS	13.		······	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTOR	S IN 12
TITLE	PST	☐ DELETE	111	ITLE					Change	Addition
NAME SANGSUKWIRASATHIEN, SUSANA			12 N	AME						
STREET ADDRESS	20505 S. DIXIE HWY, #1845		135	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172			ITY-S	l.					
IITLE		DELETE	2.1 7						☐ Change	Addition
NAME			22 N	AME	Ì				•	
STREET ADDRESS					ADDRESS					
CITY-ST-7IP					ST-ZIP					
IILE		DELETE	31 T		<del>" "</del> —	<del></del>	<del></del>	+	Change	Addition
NAME			3.2 N	AME	1				<b>-</b>	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-ZiP					
ITLE		DELETE	417		<u> </u>				Change	Addition
NAME I			4.21	IAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					*
CITY+ST+ZIP				ITY-S	1					
TITLE		DELETE	5.1 T		-				Change	Addition
VAME			5.2 N	AME						
STREET ADDRESS			5.3 \$	TREET	ADORESS				•	
CITY-S1-ZIP			5.4 0	ITY-\$	T-ZIP		•, •			
NTLE		☐ DELETE	6.1 T						Change	Addition
NAME			6.2 N	AME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				ITY-S			•			
	oy certify that the information suppl	led with this filing does not aua				ated in S	Section 119.07(3)(i), Florida Statute	es. I furthe	er 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 or law in 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.

Daytime Phone #