

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032239 (3)

1. Corporation Name
SOON DA, INC.



Principal Place of Business: 9308 S. HWY. 1, PORT ST. LUCIE FL 34952
Mailing Address: 9308 S. HWY. 1, PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 05/02/1995
4. FET Number: 65-0486801
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

TRUONG, MICHAEL
157 CRAYRICH CT.
PT. ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: FL 85. Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and block if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUONG, MICHAEL	
STREET ADDRESS	1502 CRAYRICH CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TRUONG, HUI WEN ZHENG		
2.3 STREET ADDRESS	1502 CRAYRICH CT.		
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	300001855408		
5.3 STREET ADDRESS	-06/07/96--01033--039		
5.4 CITY-ST-ZIP	***33.75		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	500001855405		
6.3 STREET ADDRESS	-06/07/96--01033--038		
6.4 CITY-ST-ZIP	***200.00		

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 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: Michael Truong TRUONG, MICHAEL Date: _____ (407) 335-0766 Daytime Phone #

CR2E034 (12/95)