FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042707 (7)**

1. Corporation Name

~~CAMEO COSMETICS INTERNATIONAL, INC.~~
Miami Merchandise INTL INC.

Principal Place of Business	Mailing Address
3100 MILAM DAIRY RD. UNIT 124 MIAMI FL 33122	3100 MILAM DAIRY RD. UNIT 124 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5515 N.W 72nd Ave
22: Suite, Apt. #, etc.: Miami, FL
23: City & State:
24: Zip: 33166 Country: 25: U.S.A

2a. Mailing Address
26: 5515 N.W 72nd Ave
27: Suite, Apt. #, etc.:
28: City & State: Miami FL
29: Zip: 33166 Country: 30: U.S.A

4. FEI Number: 65-0499009 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

PALGON, DAVID J
1266 WEST FLAGLER ST.
MIAMI FL 33135

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: (Signature required when registered agent changes) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	SHEN, JACK	12 NAME	600001452026
STREET ADDRESS	4751 LITTLE JOHN ST., UNIT A	13 STREET ADDRESS	-04/10/95--01038--018
CITY ST ZIP	BALDWIN PARK CA 91706	14 CITY ST ZIP	****138.75 ****138.75
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	LIN, PHANGLIN	22 NAME	600001452026
STREET ADDRESS	4751 LITTLE JOHN ST., UNIT A	23 STREET ADDRESS	-04/10/95--01038--019
CITY ST ZIP	BALDWIN PARK CA 91706	24 CITY ST ZIP	*****66.25 *****66.25
TITLE	DV	31 TITLE	☑ Change ☐ Addition
NAME	CHOU, KUNG	32 NAME	
STREET ADDRESS	3100 MILAM DAIRY RD., UNIT 124	33 STREET ADDRESS	5515 N.W 72nd Ave
CITY ST ZIP	MIAMI FL 33122	34 CITY ST ZIP	Miami, Fl 33166
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RC

14. I/We 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)(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.

SIGNATURE: Jhon Kung Hsiao 3/29/95 (305)888-6684
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

011991 CR