SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P94000051849 (5)

CTL INC.

Principal Place of Business

Mailing Address



3221 E. 11TH HIALEAH FL		3221 E. 11TH AVENUE HIALEAH FL 33013			3. Date Incorporated or Qualified	3a. Date of Last Report	
					07/11/1994	08/08/1995	
2. Principai Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0508950	Not Applica	
Suite, Apt. #	t, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5,00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax under s. 199 032,	
24	25	29	30			Yes No	
24	9. Name and Address of Curre				10. Name and Address of New Re-	gistered Agent	
			8	1 Name			
	JA, LIAN CHU		-	0 6	(DO Boy Number o Not Accorded	lo)	
3221 E. 11TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
HI	ALEAH FL 33013		8	3			
				1			
			8	4 City		85 Zip Code	
office or re agent. I ar	o the provisions of Sections 607.0t egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida, Such change was :	aumonzed b	y the corporati	oration submits this statement for the pl ion's board of directors. I hereby accept	the appointment as registered	
SIGNATURE	Signature, typed or pooled name of registered a	geocland title if april cable (NC	If Begistered A	gent signature regio	red when reinstating)	DALE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1 1 11711			Change Add	
NAME	HUA, LIAN CHU		1.2 NAM	E			
STREET ADDRESS	3221 E. 11TH AVENUE		1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY	- ST - ZIP			
TITLE	110 120 111	DELETE	2.1 5151	F		Change Add	
NAME			2.2 NAM	Ė			
STREET ADDRESS			2.3 STR	ET ADDRESS			
CITY-ST-ZIP			2 4 0171	r-St-ZIP			
TITLE		DELETE	3 1 TITU	E		Change Add	
NAME			3 2 NAM	IE .			
STREET ADDRESS			3 3 STR	EET ADDRESS			
CITY-ST-ZIP	li		3.4 C1F	Y - ST - ŽIP			
TITLE		DELETE	4 1 Ji[L	E		Change Add	
NAME			4 2 NA	ME			
STREET ADDRESS			4.3 STR	EFT ADDRESS			
CITY-ST-ZIP			4.4 CITY	r - ST - ZIF			
TITLE		DELETE	5 1 1(1)	E		Change Ado	
NAME			5.2 NAN	AÉ			
STREET ADDRESS			53SIR	EE1 ADDRESS			
CITY-ST-ZIP			5.4 C(T)	/ - ST - ZIP			
TITLE		DELETE	6 1 TITL	E		Change Add	
NAME			62 NAM	AE			
STREET ADDRESS	1		63SF8	EET ADORESS			
City of 30			6400	Y - S.C - 71P			
01111311211	<u> </u>				alify for the exemption stated in Section	110 07(2VId) Elevida Stabiles 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 earh, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ATL OLLY HUA LIAN CHU HUA Y 6-14-96 (305)693-1300