

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061262 (9)**

1. Corporation Name
LITTLE CHINA TOWN, INC.




Principal Place of Business 243 N.E. FLAGLER ST. # 20-21 MIAMI FL 33131	Mailing Address 243 N.E. FLAGLER ST. # 20-21 MIAMI FL 33131-1301
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2. Principal Place of Business 21 120 NE 2ND AVE Suite, Apt. #, etc.		2a. Mailing Address 26 120 NE 2ND AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 04/23/1996
22 City & State MIAMI FL		27 City & State MIAMI, FL		4. FEI Number 65-0514282	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33132		25 Country DADE USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33132		29 33132		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 DADE USA		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

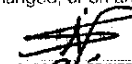
9. Name and Address of Current Registered Agent GHANDOUR, NIDAL 243 N.E. FLAGLER ST. # 20-21 MIAMI FL 33131				10. Name and Address of New Registered Agent	
81 Name NASSER WEHBE				82 Street Address (P.O. Box Number is Not Acceptable) 120 NE 2ND AVE	
83				84 City MIAMI	
				85 Zip Code FL 33132	

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-18-97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHANDOUR, NIDAL		1.2 NAME		
STREET ADDRESS	7410 SW 82ND ST. #K-302		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEHBE, NASSER		2.2 NAME	PST WEHBE, NASSER	
STREET ADDRESS	120 NE 2ND AVE		2.3 STREET ADDRESS	120 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:  DATE: **4/18/97** DAYTIME PHONE: **(305) 677-4267**

CR2E034 (9/96)