

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

**FILED**

**Mar 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P94000065773 (1)**

1. Corporation Name  
**HUANG HOLDINGS, INC.**



Principal Place of Business  
**637 2ND LANE F**  
**VERO BEACH FL 32962**

Mailing Address  
**P.O. BOX 1550**  
**GRANDBY CO 80446-1550**  
**US**

<b>3.</b> Date Incorporated or Qualified <b>09/07/1994</b>	<b>3a.</b> Date of Last Report <b>04/22/1996</b>
<b>4.</b> FEI Number <b>59-3269219</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**COWAN, ROMAN ORTEGA**  
**637 2ND LANE F**  
**VERO BEACH FL 32962**

**10. Name and Address of New Registered Agent**

<b>81.</b> Name
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City
<b>85.</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUANG, WILLIAM	
STREET ADDRESS	5823 PECK ROAD	
CITY-ST-ZIP	ARCADIA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COWAN, ROMAN O	
STREET ADDRESS	637 2ND LANE F	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAN, CYNTHIA	
STREET ADDRESS	333 W WISTARIA	
CITY-ST-ZIP	ARCADIA CA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITE, ELIZABETH K	
STREET ADDRESS	176 CHIPMUNK DRIVE	
CITY-ST-ZIP	GRANDBY CO	
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Elizabeth K White*  
 SIGNATURE (PRINT) TYPE OR PRINT NAME OF FILING OFFICER OR DIRECTOR  
**ELIZABETH K. WHITE**

Date: **3/1/97**  
 Daytime Phone: **887 2468**

CR2E034 (9/96)