

**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 # P94000075622 (8)**

1. Corporation Name  
**ZU HSIN, INC.**



Principal Place of Business  
**14497 N DALE MABRY HWY  
SUITE 201  
TAMPA FL 33618**

Mailing Address  
**14497 N DALE MABRY HWY  
SUITE 201  
TAMPA FL 33618**

3. Date Incorporated or Qualified **10/13/1994** 3a. Date of Last Report **08/16/1995**

2. Principal Place of Business  
21. **Consulting Service**  
Suite, Apt. #, etc.  
22. **8748 Wittenwood CV**  
City & State  
23. **Orlando FL**  
Zip **32836** Country **ORANGE**

2a. Mailing Address  
26. **8748 Wittenwood CV**  
Suite, Apt. #, etc.  
27. **Orlando FL 32836**  
City & State  
28. **32836**  
Zip Country

4. FEI Number **59-3274677** Applied For  
**-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  
**• HUANG, CHEN-DEI  
14497 N DALE MABRY HWY  
SUITE 201  
• TAMPA FL 33618**

10. Name and Address of New Registered Agent  
81. Name **Christine Chew**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**8748 Wittenwood Cove**  
83.  
84. City **Orlando FL** 85. Zip Code **32836**

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 *Christine Chew* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>president</b>
NAME	<b>HUANG, CHEN-DEI</b>	1.2 NAME	<b>Chen SHU-chia Yfen</b>
STREET ADDRESS	<b>14497 N DALE MABRY HWY SUITE 201</b>	1.3 STREET ADDRESS	<b>8748 Wittenwood CV</b>
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	1.4 CITY-ST-ZIP	<b>Orlando FL 32836</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>CHRISTINE CHEN</b>
NAME		2.2 NAME	<b>8748 Wittenwood CV</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Orlando FL 32836</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	<b>200001843712</b>
NAME		5.2 NAME	<b>-05/30/96--01013--009</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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: *Christine Chew* **Christine Chew** DATE: **07-27-96**

CR2E034 (12/95)