

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007240

1. Corporation Name

GOOD FRIENDS COMBINATION, INC.
3347 NW 74TH AVENUE
MIAMI, FL 33122

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 3347 NW 74TH AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33122

Country

25

2a. Mailing Address

26 3347 NW 74TH AVENUE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33122

Country

30

9. Name and Address of Current Registered Agent

CHIN CHOI KUNG
1081 SW 101 TERRACE
PEMBROKE PINES, FL 33025

3. Date Incorporated or Qualified

1/25/95

3a. Date of Last Report

4. FEI Number

65-0550452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NORMAN WAI HOU CHANG

82 Street Address (P.O. Box Number is Not Acceptable)

759 W. 78TH STREET

83

84 City

HIALEAH

FL

85 Zip Code
33014

11. Pursuant to the provisions of Sections 602.01(2) and 602.01(3) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 consent to the information contained in this statement.

SIGNATURE

CHIN CHOI KUNG
1081 SW 101 TERRACE
PEMBROKE PINES, FL 33025

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

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CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE: X

NORMAN WAI HOU CHANG

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)470-0032

CR2E034 (12/95)

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***200.00