

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P95000011454 (2)
 1. Corporation Name
FA-BO INTERNATIONAL CORPORATION



Principal Place of Business: ~~1090~~ **1060 RAIN TREE DR. PALM BEACH GARDENS FL 33410 US**

Mailing Address: ~~1090~~ **1060 RAIN TREE DR. PALM BEACH GARDENS FL 33410 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1060 RAIN TREE DR

2a. Mailing Address
26 1060 RAIN TREE DR

22 Suite, Apt. #, etc.
27

23 City & State
28

24 Zip Country
29 30

3. Date Incorporated or Qualified
02/10/1995

4. FEI Number
65-0586533

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MILLIAM LIM
~~1090~~ **1060 RAIN TREE DR. PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1060 RAIN TREE DR

83

84 **Palm Beach Gardens FL** 85 **33410**

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 DELETE
D

NAME **LIM, MILLIAM**

STREET ADDRESS ~~1090~~ **1060 RAIN TREE DR.**

CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

1.3 STREET ADDRESS **1060 RAIN TREE DR**

1.4 CITY-ST-ZIP **33410**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002475346
-04/01/98--01093--026
*****150.00**

14. I 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: _____ **3/26/98**

CR2E034 (10/97)