

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

FILED

Feb 19 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 # P95000030007
1. Corporation Name

KING JOHNSON ARTS & TOYS COMPANY INC.

Principal Place of Business	Mailing Address
4100 NE 2 AVE #301 MIAMI, FL 33137	4100 NE 2 AVE #301 MIAMI, FL 33137

3. Date Incorporated or Qualified	3a. Date of Last Report
April 18, 1995	1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16300 NE 19 AVE	26 16300 NE 19 AVE	65-0575785	☐
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
22 201	27 201	5. Certificate of Status (Desired)	☐ \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
23 N. MIAMI BEACH FL	28 N. MIAMI BEACH, FL	Trust Fund Contribution	☐
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
24 33162	29 33162		
Country	Country		
25 USA	30 USA		

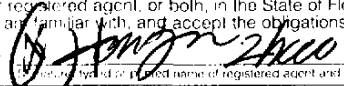
9. Name and Address of Current Registered Agent

**CAROLY PEDERSEN
3111 Stirling Road
FT. Lauderdale, FL 33312**

10. Name and Address of New Registered Agent

81 Name	Houjun Zhao
82 Street Address (P.O. Box Number is Not Acceptable)	
83	16300 NE 19 AVE
	201
84 City	N. Miami Beach
85 Zip Code	FL 33162

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  **HOUJUN ZHAO**

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/6/97

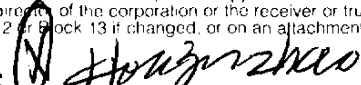
12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	HOUJUN ZHAO	
STREET ADDRESS	16300 NE 19 AVE #201	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:  **HOUJUN ZHAO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 **549-8006**

CR2E034 (9/96)