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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034162 (4)

SCCF HEALTH & ACUPUNCTURE CENTER, CORP.

8435 SW 156TH STREET 8435 SW 158TH STREET MIAMI FL 33157 MIAMI FL 33157-2164 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0583276 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intaggible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZI CAI FENG 8435 SW 156TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33157 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE. Change Addition **PST** 11 TITLE TILLE ZI CAI FENG 1.2 NAME NA 1E **8435 SW 156TH STREET** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33157 14 City-St-ZiP CITY-ST-ZE ☐ DELETE Change Addition 21 TITLE Title 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY: \$1-7F DELETE Change Addition 31 TITLE THE HAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-51-ZIP CITY - ST- ZF DELETE Change Addition 4.1 TITLE BBC NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP OLY ST-ZP DELETE Change Addition 5.1 TITLE DitE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS CHY-ST-ZF 5.4 CITY-ST-2IP DELETE Change Addition 6.1 TITLE Till.E 6.2 NAME NAM 6.3 STREET ADORESS 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