

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 # P95000037850 (1)

1. Corporation Name

WANG'S CONSULTATION, INC.



Principal Place of Business

**ONE BISCAYNE TOWER, STE. 2600
TWO S. BISCAYNE BLVD.
MIAMI FL 33131-1802**

Mailing Address

**ONE BISCAYNE TOWER, STE. 2600
TWO S. BISCAYNE BLVD.
MIAMI FL 33131-1802**

2. Principal Place of Business

2a. Mailing Address

21 **1300 N.E. 191 St.**

26 **1300 N.E. 191 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

311

311

City & State

City & State

miami Florida

miami Florida

Zip

Country

Zip

Country

23 **33179** **USA**

28 **33179** **USA**

9. Name and Address of Current Registered Agent

**WANG, CHENG-SHOU
ONE BISCAYNE TOWER, STE. 2600
TWO S. BISCAYNE BLVD.
MIAMI FL 33131-1802**

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

4. FID Number

65-0580604

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

10. Name and Address of New Registered Agent

81 Name

Ching Kan Wang

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

1300 N.E. 191 St., # 311

83 City

miami

FL

85 Zip Code

33179

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

[Signature]

Ching Kan Wang

4/3/96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ching Kan Wang

4/3/96

305-9451949

CR2E034 (12/95)