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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

NAME

STREET ADDRESS CITY-\$1-ZIP



ELORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500039466 (4) DRAGON SO CORPORATION

| Principal Place<br>13911 SW 661<br>SUITE 205<br>MIAMI FL 3316 |                                                                                                                                                                        | 18999 BISCA'<br>SUITE 205                  | Mailing Address 18999 BISCAYNE BLVD. SUITE 205 N. MIAMI BEACH FL 33180-2814 |                           |              |                                         |                                                                                                                           |            |                                |                             |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|---------------------------|--------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------|-----------------------------|
| U8                                                            |                                                                                                                                                                        | -                                          |                                                                             |                           |              |                                         | 3. Date Incorporated or Qualified 05/18/1995                                                                              |            | ate of Last F<br>/18/1996      | Report                      |
| 2. Principal P                                                | lace of Business                                                                                                                                                       | 2a, Mailing A                              | ddress                                                                      |                           |              |                                         | 4. FEI Number<br>65-0584035                                                                                               |            |                                | pplied For<br>ot Applicable |
| Suite, Apt.                                                   | #, etc.                                                                                                                                                                | Suite, Ap                                  | l. #, etc.                                                                  |                           |              |                                         | 5, Certificate of Status Desired                                                                                          |            |                                | Additional<br>equired       |
| City & Stat                                                   |                                                                                                                                                                        | City & Sta                                 | ite                                                                         |                           |              |                                         | 6. Election Campaign Financing Trust Fund Contribution                                                                    |            |                                | May Be<br>to Fees           |
| Zip<br>24                                                     | Country 25                                                                                                                                                             | Zip<br><b>29</b>                           | ·                                                                           | [ Cour                    | ntry         |                                         | 8. This corporation has liability for Florida Statutes                                                                    | Yes        | □ No                           | . 199.032,                  |
|                                                               | 9. Name and Address of Curren                                                                                                                                          | it Registered Age                          | nt                                                                          |                           | T            |                                         | 10. Name and Address of New Re                                                                                            | gistered   | Agent                          |                             |
|                                                               | DRAGON                                                                                                                                                                 |                                            |                                                                             | -                         | 81           | Name                                    |                                                                                                                           |            |                                |                             |
| 18999 BISCAYNE BLVD.<br>SUITE 205                             |                                                                                                                                                                        |                                            |                                                                             | 82                        | Street Addre | ess (P.O. Box Number is Not Acceptable) |                                                                                                                           |            |                                |                             |
| j N. ∤                                                        | VIIAMI BEACH FL 33180                                                                                                                                                  |                                            |                                                                             | ļ                         | 83           |                                         |                                                                                                                           |            |                                |                             |
|                                                               |                                                                                                                                                                        |                                            |                                                                             | Ì                         | 84           | City                                    |                                                                                                                           | FL         | <b>85</b> Zip                  | Code                        |
| office or r                                                   | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations for typed or protections of higgstreet age. | of Florida. Such o<br>ations of, Section £ | hange was a<br>507.0505, Fid                                                | authorized<br>orida Statu | l by<br>ules | the corporation                         | oration submits this statement for the ponts board of directors. I hereby acceptions to the religious of when religiously | ot the app | of changing in<br>pointment as | ts registered<br>registered |
| 12.                                                           | OFFICERS AN                                                                                                                                                            |                                            |                                                                             | 13.                       |              |                                         | ADDITIONS/CHANGES TO OFFICE                                                                                               | ERS AN     | D DIRECTOR                     | RS IN 12                    |
| TITLE                                                         | PVD                                                                                                                                                                    |                                            | DELETÉ                                                                      | 1.1 111                   | F            |                                         |                                                                                                                           |            | Change                         | Addition                    |
| NAME                                                          | NAME SO, DRAGON                                                                                                                                                        |                                            |                                                                             | 1.2 NAME                  |              |                                         |                                                                                                                           |            |                                |                             |
| STREET ADDRESS                                                | 10425 S.W. 112TH AVE., APT.                                                                                                                                            | 317                                        | 1.3 \$                                                                      |                           |              | ADDRESS                                 |                                                                                                                           |            |                                |                             |
| CITY-ST-ZIP                                                   | MIAMI FL 33176                                                                                                                                                         |                                            |                                                                             | 1.4 0/1                   | Y - S1       | 1 - ZIP                                 | ·                                                                                                                         |            |                                |                             |
| TITLE                                                         |                                                                                                                                                                        | L                                          | DELETE                                                                      | 21 111                    | ĮĮ           |                                         |                                                                                                                           |            | ☐ Change                       | Addition                    |
| NAME                                                          |                                                                                                                                                                        |                                            |                                                                             | 22 NA                     |              |                                         |                                                                                                                           |            |                                |                             |
| STREET ADDRESS                                                | ,                                                                                                                                                                      |                                            |                                                                             |                           |              | ADDRESS                                 |                                                                                                                           |            |                                |                             |
| CITY-ST-ZIP<br>TITLE                                          |                                                                                                                                                                        |                                            | DELETE                                                                      | 2. 4 CII<br>3 1 TIT       |              | iT-7IP                                  |                                                                                                                           |            | Change                         | Addition                    |
| NAME                                                          |                                                                                                                                                                        | <b>L</b>                                   | DITTIE                                                                      | 3.2 NA                    |              |                                         | •                                                                                                                         |            | □ C-lange                      | L MUUIDUII                  |
| STREET ADDRESS                                                |                                                                                                                                                                        |                                            |                                                                             |                           |              | ADDRESS                                 |                                                                                                                           |            |                                | }                           |
| CITY-\$T-ZIP                                                  |                                                                                                                                                                        |                                            |                                                                             | 3.4. CII                  |              |                                         |                                                                                                                           |            |                                | ļ                           |
| TITLE                                                         |                                                                                                                                                                        | ···· · · · · · · · · · · · · · · ·         | DELETE                                                                      | 41 111                    |              | 01-211                                  |                                                                                                                           |            | Change                         | Addition                    |
| NAME                                                          |                                                                                                                                                                        |                                            |                                                                             | 4 2 NA                    |              |                                         |                                                                                                                           |            |                                |                             |
| STREET ADDRESS                                                |                                                                                                                                                                        |                                            |                                                                             |                           |              | AUDRESS                                 |                                                                                                                           |            |                                |                             |
| CITY-\$T-ZIP                                                  |                                                                                                                                                                        |                                            |                                                                             | 4.4 CIT                   |              |                                         |                                                                                                                           |            |                                |                             |
| TITLE                                                         |                                                                                                                                                                        |                                            | DELETE                                                                      | 5.1 1(1                   |              |                                         |                                                                                                                           |            | Change                         | Addition                    |
| NAME                                                          |                                                                                                                                                                        |                                            |                                                                             | 5.2 NA                    | Νŧ           |                                         |                                                                                                                           |            |                                | j                           |
| STREET ADDRESS                                                | ι                                                                                                                                                                      |                                            |                                                                             | 5.3 STF                   | KE E 1 /     | ADDRESS                                 |                                                                                                                           |            |                                | ļ                           |
| CiTY-\$1-ZIP                                                  |                                                                                                                                                                        |                                            |                                                                             | 5.4 CIT                   | Y - S1       | 1 · ZIP                                 |                                                                                                                           |            |                                |                             |
| TOTALE                                                        |                                                                                                                                                                        |                                            | DELETE                                                                      | 6.1 1(1)                  | F            |                                         |                                                                                                                           |            | Change                         | Addition                    |

62 NAME

14. I do heroby 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 eath; 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.