

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040047 (9)

1. Corporation Name

EAST-WEST VENTURES, INC.



Principal Place of Business

7709 LAKESIDE BLVD.
BOCA RATON FL 33434

Mailing Address

7709 LAKESIDE BLVD.
BOCA RATON FL 33434

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

NA

2. Principal Place of Business

19628 BAY COVE DRIVE
BOCA RATON FL 33434

2a. Mailing Address

19628 BAY COVE DRIVE
BOCA RATON FL 33434

4. FEI Number

65-0586505

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

9. Name and Address of Current Registered Agent

MARCUS, SCOTT A
25 WEST FLAGLER STREET (1019)
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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

Signature typed or printed name of registered agent in block capitals

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	HARRIS, PHILIP PHD.	7709 LAKESIDE BLVD.	BOCA RATON FL 33434
D	HARRIS, GLENN D M.D.	ROUTE 8, BOX 708	GREENVILLE NC 27834
D	HARRIS, CAROL C B.B.A.	7709 LAKESIDE BLVD.	BOCA RATON FL 33434
D	YU, CHANG M.D.	705 PATTON CIRCLE, APT. #3	WINTERVILLE NC 28590
D	FIORDALISI, IRMA M.D.	ROUTE 8, BOX 708	GREENVILLE NC 27834

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
P/D		19628 BAY COVE DRIVE	
V/D			
T/D		19628 BAY COVE DRIVE	
V/D			
S/D			

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: *Philip Harris* PHILIP HARRIS, PRESIDENT 2/16/96 407-482-9235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)