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FILED
Apr 03 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 # P95000040047 (9)

1. Corporation Name
EAST-WEST VENTURES, INC.

Principal Place of Business
19628 BAY COVE DRIVE
BOCA RATON FL 33434
US

Mailing Address
19628 BAY COVE DRIVE
BOCA RATON FL 33434-5103
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
02/21/1996

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARRIS, PHILIP PHD.
STREET ADDRESS 19628 BAY COVE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME HARRIS, GLENN D M.D.
STREET ADDRESS ROUTE 8, BOX 708
CITY-ST-ZIP GREENVILLE NC

TITLE TD ☐ DELETE

NAME HARRIS, CAROL C B.B.A.
STREET ADDRESS 19628 BAY COVE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME YU, CHANG M.D.
STREET ADDRESS 705 PATTON CIRCLE, APT. #3
CITY-ST-ZIP WINTERVILLE NC

TITLE SD ☐ DELETE

NAME FIORDALISI, IRMA M.D.
STREET ADDRESS ROUTE 8, BOX 708
CITY-ST-ZIP GREENVILLE NC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip Harris 3/26/97 (561)482-9235

CR2E034 (9/96)