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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000041973 (5)

DOCUMENT #
1. Corporation Name AMERASIA, INC.



Principal Place									
Trinoipai Tidee	of Business	Mailing Address					8111 8 \$111 8 \$111 81	981 11819 1811	
426 SAINT AN WINTER HAVE			426 SAINT ANN'S DRIVE WINTER HAVEN FL 33884						
					3. Date Incorp 05/30/	porated or Qualifie	ed 3a. Dat	e of Last F	Report
2. Principal Pla	ace of Business	2a. Mailing Addres	SS		4. FEI Numbe	er		<u>-</u>	Applied For
21		26	26		59-	332221	14		Not Applicable
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			5 Additional	
22		27					<u></u>	Fee	Required
City & State		<u> </u>	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be				
Zip	Country	28							d to Fees
24	25	29	30 Cour	itty		ration has liability t		ax under s	199.032,
1		Current Registered Agent	[30]		Florida Sta	Address of Nev	Yes No	Acont	
				81 Name				Agent	
THE LAW	FIRM OF LAWRENCE J	SPIEGEL CHRTD	L		ROBERT D. ALCOVER				
343 ALM	ERIA AVENUE		į.	82 Street Ad	ddress (P.O. Box Nur	nber is Not Accep	itable)		
	SABLES FL 33134			83	, _				
,	1		L		426 ST WINTER	ANNS	DR		
16	lock		-	84 City	11111720	Horas	FL	85 Z	p Code 33884
11. Pursuant to	the provisions of Sections 60	07.0502 and 607.1508. Florida	Statutes the above	e-named com	noration submits this	ctatement for the	TL		3884
or registere	od agent, or both, in the State	07.0502 and 607.1508, Florida of Florida Such change was a of Section 607.0505, Florida St	uthorized by the co	orporation's b	oard of directors. I he	reby accept the a	purpose of chi ppointment as	anging its Fegistered	registered onice 1 agent. I am
ICALI PRICE VYIO									
	A Later A	or, Section 607.0505, Fiorida Si	atutes.			,	Marlos		
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SIGNATURE _	Stynature typed or printed name of registr OFFICE	Ucher	atules.		uired when revistating).		CATé		DRS IN 12
SIGNATURE:	Signature fraved or printed name of registronic PSTD	ered agent and tills if applicable	(NOTE: Registered A	Agent signature req		/CHANGES TO O	DATE DEFICERS AND	DIRECTO	PRS IN 12
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coath; that I am an officer or director of the corporation or tile 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Director of the corporation or tile 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.

Use for the corporation of the corporation or tile 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.

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SIGNATURE: