

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041973 (5)

1. Corporation Name
AMERASIA, INC.

Principal Place of Business

426 SAINT ANN'S DRIVE
WINTER HAVEN FL 33884

Mailing Address

426 SAINT ANN'S DRIVE
WINTER HAVEN FL 33884-3563



2. Principal Place of Business 21 8605 CAVENDISH DR		2a. Mailing Address 26 8605 CAVENDISH DR		3. Date Incorporated or Qualified 05/30/1995		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3322214		Applied For Not Applicable	
22 City & State 23 KISSIMMEE		27 City & State 28 KISSIMMEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 34746		25 Country USA		29 Zip 34746		30 Country USA	
9. Name and Address of Current Registered Agent ALCOVER, ROBERT D 426 S. ANN'S DRIVE WINTER HAVEN FL 33884				10. Name and Address of New Registered Agent			

ALCOVER, ROBERT D
426 S. ANN'S DRIVE
WINTER HAVEN FL 33884

81 Name
ALCOVER, ROBERT D.
82 Street Address (P.O. Box Number is Not Acceptable)
8605 CAVENDISH DR
83
84 City
KISSIMMEE
WINTER HAVEN FL 85 Zip Code
34746

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

Robert D. Alcover

4/28/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	ALCOVER, ROBERT D	1.2 NAME	ALCOVER, ROBERT D.
STREET ADDRESS	426 SAINT ANN'S DRIVE	1.3 STREET ADDRESS	8605 CAVENDISH DR.
CITY - ST - ZIP	WINTER HAVEN FL 33884	1.4 CITY - ST - ZIP	KISSIMMEE, FL 34746
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Robert D. Alcover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0392224

CR2E034 (9/96)