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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000043433 (8) **DOCUMENT #**

HNOS CHIU, INC.

Principal Place of Business 3116 NW 106 ST	Mailing Address 3116 NW 106 ST	
3116 NW 106 ST MIAMI FL 33147	3116 NW 106 ST MIAMI FL 33147	



					3. Date Incorporated or Qualified 3a. Date of Last 05/30/1995	Report		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
11 Suite Ass	# ala	26			65-0584467	Not Applicab		
Surfe, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Seried Fee Required		
— Oity & Stati J	0	Orty & State			6. Election Campaign Financing \$5.	00 May Be		
J		28	~_ 			led to Fees		
$Z_{\parallel p}$	Country	Zip	Count	try	8. This corporation has liability for intangible tax under	s 199.032,		
	25 25 29. Name and Address of Cur	rent Registered Agent	30		Florida Statutes Yes No			
	p. Hanto allo Address of Odi	rent negistered Agent		Na Na	10. Name and Address of New Registered Agent			
CUILLE	ACDDA		"	Na Na	adme			
CHIU, PEDRO 3116 NW 106 ST			8	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAM) F	EL 33147		8	13				
			8	4 Cit	ity 85 Z	Zip Code		
 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute or registered agent, or both, in the State of Florida, Such change was authorized. 			L		1 1	•		
ignature .	The state of the own grade to or, or	cono i cor, coco, i londa Statta	5 5.		led corporation submits this statement for the purpose of changing its lion's board of directors. I hereby accept the appointment as registere	o agent. I am		
<u></u> 2.	Styrican type of a person mane of registers Lag	iont and the diagnisable (f AND DIRECTORS		yent signa	lature required where rematating? DATE			
 If	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
Me	CHIU, PEDRO		1. 1 1111	t	☐ Change	Addition		
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			1.2 NAM		Man a			
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nation 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 fixer or director of the securation or the receiver or trustee empowered to execute this report as required by Chapter 607, fordia Statutes; and that my name en attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR