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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000051817 (1) DOCUMENT #

INDOCHINE, INC.

Principal Place of Business Mailing Address 17 NORTHEAST 39 STREET 17 NORTHEAST 39 STREET



		MIAMI FL 33137						
					3. Date Incorporat 07/05/199		3a. Date of Last	Report
 Principal Prace of Bull. 	siness	2a. Mailing Address			4, FEI Number	·	10	Applied For
		26			WS-05	4354	10	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of St.	5. Certificate of Status Desired \$8.75 Additional Fee Regulred		
City & State		City & State			6. Election Campa	ign Financing		O May Be
		28			Trust Fund Con			ed to Fees
Zφ	Country	Zip	Count	ry	8. This corporation	has liability for i	intangible tax under s	
	25	29	30		Florida Statutes	☐ Yes	□ No	
9. Na	me and Address of Cur	rent Registered Agent		41	10. Name and Add	dress of New R	egistered Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE			8	81 Name				
			82 Street Add		Address (P.O. Box Number	Iress (P.O. Box Number is Not Acceptable)		
CORAL GABLES				83				
OURAL GADLES	FL 33 134		8	"				
			В	4 City			85 Z	ip Code
Pursuant to the nee	deigne of Spetione 607.0	00 and 607 1500 Florids 01 1 1		1				•
or registered agains,	or from a min the Otale of the	502 and 607.1508, Florida Statute lorida. Such change was authorize	sa ay me cor	-named co poration's	orporation submits this state board of directors. Thereby	ment for the purp accept the appr	pose of changing its	registered office
familiar with, and ac	cept the chligations of, S	ection 607.0505, Florida Statutes			,	пострукти по пред		01
GNATURE _ STATES TO	and or this leaf harme of registered a	la salahi ili alah salah s		,			3-11-	70
		AND DIRECTORS	13.	ent signature re	equired when reinstating)		DATE	
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certify that the information indicated on this amulai 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 this comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bluck 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR