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

P95000072688 (1)

DOCUMENT #

1. Corporation Name BIG THUMB ADVERTISING AND PUBLIC RELATION COMPAN

Principal Place of Business

Mailing Address



3320 JAVA PLUM AVE. Miramar Fl 33025		3320 JAVA PLUM AVE. Miramar fl 33025					
					3. Date Incorporated or Qualified 09/20/1995	3a. Date of	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	.	Applied For
21 4100 N.E. 2nd Avenu 26 4100 N.E.			and A	ADMINE .			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	ъ ;	8.75 Additional
22		27	· • · · · · · · · · · · · · · · · ·				Fee Required
City & State	; Florida	City & State 28 Miami, Florida		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip				Country 8. This corporation has liability for intangible tax under s 199.0		nder s 199.032,	
24 331		29 33156	30 U.	<u> </u>	Florida Statutes Yes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Ag	ent
			81	Name			
PEDERSEN, CAROLY 82 Street					ddress (P.O. Box Number is Not Acceptable)		
3320 JAVA PLUM AVE.							
MIRAM	AR FL 33025		83				
			84	City			35 Zip Code
						FL	
11. Pursuant to or registere familiar with	o the provisions of Sections 607,0502; and agent, or both, in the State of Florida h, and accept the obligations of Section	and 607.1508, Florida Statut Such change was authoriz in 607.0505, Florida Statutes	tes, the above-lized by the corps.	named corp oration's bo	oration submits this statement for the purporal of directors. I hereby accept the app	rpose of chang pintment as reg	ing its registered office pistered agent. I am
SIGNATURE _	Signature, neco Sprinton perio di registered agent a	nd title if applicable (NK	OTE: Registered Ager	TEUZA	ired when reinstating)	22/9/ DAT/	<i> </i>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS IN 12
TITLE	D (/	DELETE	1. 1 TITLE)		Change Addition
NAME	ZHANG, MÌCHAEL X		1.2 NAME		think LAR		
STREET ADDRESS	3320 JAVA PLUM AVE.		1.3 STREET	ADDRESS	ties N.B. 2nd Aven	_	
CITY-ST-ZIP	MIRAMAR FL 33025	•	1.4 CITY - S	IT-ZIP	Miami, Florida 33	137	
TITLE	D	DELETE	2. 1 TITLE				Change
NAME	ZHAO, HOUJUN		2.2 NAME				
STREET ADDRESS	3320 JAVA PLUM AVE.		2.3 STREET	ADDRESS			j
CITY-ST-ZIP	MIRAMAR FL 33025		2.4 CITY - 9	T-21P			
TITLE	D	DELETE	3. 1 TITLE				Change Addition
NAME	GU, WENYU		3.2 NAME				
STREET ADDRESS	3320 JAVA PLUM AVE.		3.3. STREE	T ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33025		3.4 CITY - S	ST-ZIP			
TiTLE		☐ DELETE	4. 1 TOLE				Change
NAME			4.2 NAME	Ì			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 OffY-5	ST-ZIP			
TITLE		☐ DELETE	5 1 THTLE				Change 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CHTY-ST-ZIP			5.4 CiTY-5	ST-ZiP			
TITLE		DEFELE	6 1 TITLE				Change
NAME 1			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-5	ST-ZIP			
	certify that the information supplied w	ith this filing is voluntarily fun			y for the exemption stated in Section 119	.07(3)(k). Florid	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 unde 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: