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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500082770 (5)

| PETER | THAM, INC. | ` ' | | | |
|---|---|----------------------------------|---|--|---|
| | | | | | |
| Principal Piac | ce of Business | Mailing Address | | | |
| 4783 N.W. 167TH ST. 4783 N.W. 167TH ST. 481AMI FL 33055 MIAMI FL 33055-4242 | | | . • | | |
| :- | | | | Date Incorporated or Qualified 10/27/1995 | 3a. Date of Last Report 03/18/1996 |
| - | Place of Business | 2a, Mailing Address | - | 4, FEI Number | Applied For |
| 21 Suite, Apt. | # Atc | 26 Suite, Apt. #, etc. | | 65-0621053 | Not Applicable \$8.75 Additional |
| 22 27 | | <u> </u> | | 5. Certificate of Status Desired | \$8./5 Additional Fee Required |
| City & State City | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 24 | 25] 9. Name and Address of Currer | | 30 | Florida Statutes 10. Name and Address of New Re | Yes No |
| THA | M, PETER | | 81 Name | | |
| 4944 1114 46771 67 | | | | ress (P.O. Box Number is Not Acceptat | le) |
| | MI FL 33055 | | | TOSS (1.0. DOX NUMBER IS NOT ACCEPTAN |)ie) |
| | | | 83 | | |
| | | | 84 City | | B5 Zip Code |
| de Dura ant | to the provisions of Continue COZ DIG | 00 and 007 4500 514525 Dist. I | | A | FL 13 Zip Code |
| office or r | registered agent, or both, in the State | of Florida, Such change was a | es, the above-hamed corporal uthorized by the corporal | poration submits this statement for the partion's board of directors. I hereby acception's | ourpose of changing its registered of the appointment as registered |
| | am tamiliar with, and accept the oblig | ations of, Section 607,0505, Flo | rida Statutes. | | |
| SIGNATURE | Signature, typed or pented name of registered age | ent and late if applicable (NOTE | Registered Agent a gnature requi | red when reinstaling) | DATE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | THAM, PETER | | 1.2 NAME | | |
| STREET ADDRESS | 2075 N.E. 171ST ST. N MIAMI BEACH FL 33162 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VD | DELETE | 1.4 GITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | LING, HONGHAO | - · | 2.2 NAME | | |
| STREET ADDRESS | 2075 N.E. 171ST ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33162 | | 2. 4 Ci1Y-S1-ZIP | | |
| TITLE | SD | DELETE | 31 THLE | | ☐ Change ☐ Addition |
| NAME | LING, XIWEN | | 3.2 NAME | | |
| STREET ADDRESS | 2075 N.E. 171ST ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33162 | DELETE | 3.4. CITY - ST - ZIP | | Change Addition |
| NAME | | רו מנונונ | 4.1 THLE 4.2 NAME | | Fil Charles Fil ¥0000001 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | • | 5.3 STREET ADDRESS | | |
| CITY:ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | G,2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY ST-7IP | I | | 6.4 CITY - ST - ZIP | | i |

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 port 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: TIMM MONDY,)/

Anr 13

FILED

Apr 21 1997 8:00am

Secretary of State

(305)624-9195