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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094777 (6)

CAI & WONG, INCORPORATED

FILED Apr 28 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	Mailing Address			A LABELDON DIO DOLLI DELLI GRESS ARIST RASSO SESSI DERLI DOLLI DOLLI SODI INDI			
2081 RIVER PARK BLVD		2081 RIVER PARK BLVD ORLANDO FL 32817-4848							
ORLANDO FL 3	2817	ONLANDO FL	32817-4848						
						3. Date Incorporated or Qualified 12/12/1995		of Last F	Report
2. Principal Pl	ace of Business	2a. Mailing A	Address	******		4. FEI Number	-1	[A _j	oplied For
21		26				59-3351408		N	ot Applicable
Sulte, Apt	#, etc.	Suite, Ap	it. #, elc.			5. Certificate of Status Desired			Additional
22		27]				2. Commedia of Status Boomea		Fee R	equired
City & State	9	City & St	ale			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	ļ	Country	<i>†</i>	8. This corporation has liability for i	ntangible ta] Yes []		s. 199.032,
24	9. Name and Address of Curre	29	30	<u> </u>		10. Name and Address of New Re			
041		iit Hegistereo Age	3111	81	Name	10. Name and Address of New Re	Bistolog V	Hour .	
UAI,	ANTHONY BLVD								
	RIVER PARK BLVD			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
UHU	ANDO FL 32817			83			······································		
			•	"					
				84	City		FL	85 Zip	Code
44 Purcuent	to the provisions of Sections 607 Of	02 and 607 1508 F	Iorida Statutos	the show	p-pamod cor	rnoration submits this statement for the n		hanging i	ts registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obtig	o of Florida. Such o pations of, Section	change was auth 607.0505, Florid	iorized b la Statute	y the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	of the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	side sile on a little but troot	(MOTE D	onic med An	col e ocalue con	uired when reinstalling)	DATE		
12.		ND DIRECTORS	(MOIL III	13.	en a griciare requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	P		DELFTE	1.1 TITLE				Change	Addition
NAME	CAI, ANTHONY			1.2 NAME					
STREET ADDRESS	2081 RIVER PARK BLVD			1.3 \$1REE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32817			14 CITY-3	ST - 7IP				
TITLE	T	Į.	J DELETÉ	211IILE			Ţ	Change	Addition
NAME	LAI KWAN CAI			2.2 NAME					ļ
STREET ADDRESS	2081 RIVER PARK BLVD			2 3 STREE	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32817			2 4 CITY-	\$1 - 7IP				
TITLE			DELETE	3 1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3 3 S1REE	T ADDRESS				
CITY-ST-ZIP				3 4. CITY-	S1-ZIP				
TITLE			DELETE	4 1 111 LE			[Change	Addition
NAME				4 2 NAME					
STREET ADDRESS				43 STREE	1 ADORESS				
CITY-ST-ZIP				44 CITY-	ST-ZIP				
TITLE		L	DELETE	5 1 TITLE			Ł	Change	☐ Addition
NAME			j	5 2 NAME					
STREET ADDRESS				53 STREE	1 Address				
CITY-ST-ZIP		· · ·	1.55.555	54 CITY-	SI - ZIP		,	1 01	
TITLE		L	DELETE	61 TITLE			i	Change	Addition
NAME				6 2 NAME					
STREET ADDRESS				63 STREE	1 ADDRESS	·			
CITY-ST-ZIP				€4 CiTY-	ST - 2HP				

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.

CIGNATURE:

Almunia Cu

PARCHERALT

U-12-97

(407) 386-8811