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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053053 (0)

1. Corporation Name
SUE CHUNG CORPORATION



Principal Place of Business: C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVE., STE. 2000 MIAMI FL 33131
Mailing Address: C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVE., STE. 2000 MIAMI FL 33131-2860

3. Date Incorporated or Qualified: 06/21/1996
3a. Date of Last Report: 3/13/97
4. FEI Number: [] Applied For [] Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes: [x] Yes [] No

2. Principal Place of Business
21 9107 TAFT STREET
22 PEMBROKE PINES
23 FLORIDA
24 33024
25 BROWARD
26 9107 TAFT STREET
27 PEMBROKE PINES
28 FLORIDA
29 33024
30 BROWARD

9. Name and Address of Current Registered Agent
WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: SUE CHUNG SUE TING CAIUNG
82 Street Address (P.O. Box Number is Not Acceptable): 9107 TAFT STREET
83 P.
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sue Ting Caiung* DATE: 9-5-97

12. OFFICERS AND DIRECTORS

TITLE	PVSD	<input type="checkbox"/> DELETE
NAME	CHUNG, SUE TING	
STREET ADDRESS	ABBEY GARDEN	
CITY, ST, ZIP	CHRISTCHURCH, BARBADOS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZHIQUAN, SU	
STREET ADDRESS	ABBEY GARDEN	
CITY, ST, ZIP	CHRISTCHURCH, BARBADOS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002190698
6.3 STREET ADDRESS	-05/27/97--01005--029
6.4 CITY, ST, ZIP	***165.00

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.

SIGNATURE: *Sue Ting Caiung* DATE: 11/4/97 (954) 430-8308

CR2E034 (9/96)