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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076810 (6)

MANDARIN GROUP, INC.

Principal Place of Business Mailing Address 1255 NE 89TH STREET 1255 NE 89TH STREET								
MIAMI FL 33136		MIAMI FL 33138-3478						
					3. Date Incorporated or Qualified 09/13/1996	3a. Date of Last F	leport	
	Place of Business	2a. Mailing Address	g Address		4, FEI Number	A	pplied For	
26 26			N. # pto		65-0702842		ot Applicable	
22		Suite, Apt. #, etc.	or one was recorded to the state of the stat		5. Certificate of Status Desired	1 7	Additional equired	
City & State		City & State			6. Election Campaign Financing		May Be	
Zip	Country		Country		Trust Fund Contribution 8. This corporation has liability for		to Fees	
24	25 29 30		— n ′		1	Intangiole tax under s ☐ Yes ☐ No	i. 199.032 ₁	
	g, Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	gistered Agent		
	BBS, SHIUKI		81	Name				
1255 NE 89TH STREET MIAMI FL 33138			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
100 %	W 1 E 00 100		83					
			84	City		let 7in	Code	
				•		FL		
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	2 and 607.1508, Florida State of Florida, Such change was	utes, the above- s authorized by t	named corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of changing i	ts registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes.		,,,,,,,,,,,		regionered	
SIGNATURE	Signature, typed or printed name of registered age	all and title if applicable (NC	DIE. Registered Agent	signalure require	d when reinstalling)	DATE		
12.	OFFICERS AN	~	13.	agriciore rectore	ADDITIONS/CHANGES TO OFFIC		3S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D/		Change	Addition	
NAME	STUBBS, SHIUKI		1.2 NAME	51	rubba Shiuki			
STREET ADDRESS	1255 NE 89TH STREET		1.3 STREET A	DDRESS 125	rubbs Shiuki 35 NE'89th Street ANI, Roeds 33138			
CITY-ST-ZIP	MIAMI FL 33138	Discourse	1.4 CITY - S1 -	ZIP IN1	ANI, FLORIDE 33138	· · · · · · · · · · · · · · · · · · ·		
TITLE		L DELETE	2.1 TITLE	\$	-	Change	Addition	
NAME Street Address			2.2 NAME	200	EN Shou Hua			
CITY-ST-ZIP			2.3 STREET A 2.4 CITY-ST	DURESS ZZ	20 N.W. 102 WAY Mbroke Pines, Fi. ?	33		
TITLE		DELETE	3.1 TITLE	· / (-)	MUTOLE TINES, TO	Change	Addition	
NAME			3.2 NAME	Sh	EA ERIC.			
STREET ADDRESS			3.3 STREET A	DDRESS 12	es ERIC BI GOLFUICH DEIVA	E		
CITY-ST-ZIP			3.4 CHY-ST	-ZIP FR	Nbroke Pines, PL.	33026		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	- 1				
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST- 5.1 THLE	ZIP		☐ Change	Addition	
NAME		FT privit	5 2 NAME			□ crange	L Nontibil	
STREET ADDRESS			5.3 STREET A	ndress				
CITY-ST-ZIP			54 CITY-ST-					
TITLE		☐ DEŁE1€	61 TITLE			Change	Addition	
NAME			62 NAME			-		
STREET ADDRESS			6.3 STREET AL	DDRESS				

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.

6.4 CITY - S1 - ZIP

CICALATURE.

SHAM

4/9/01

FILED

May 13 1997 8:00am

Secretary of State