FILE NOW: FILING FEE AI			FTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			STATE	FILED Apr 18 1997 8:00am Secretary of State			
DOCUN 1. Corporation	1997 NENT # P CHRISTINE, INC		)79054							
Principal Place of Business Mailing Address   10605 CRYSTAL COVE LANE 10605 CRYSTAL COVE LANE   BOCA RATON FL 33498 BOCA RATON FL 33498-6373										
2. Principal Pla	ace of Business		2a. Mailing Addre	185		. <u></u>	3. Date Incorporated or Qualified 09/23/1996 4. FEI Number 65-07-0060	38. Date of La	Applied For Not Applicabl	le
Suite, Apt. / 22 City & State			Suite, Apt. #, 27 City & State	etc.			5. Certificate of Status Desired	□ <b>\$8.</b> Fe	75 Additional be Required	
23 Zip	Coun		28 Zip		Country	,	Election Campaign Financing Trust Fund Contribution S. This corporation has liability for	intangible tax und	.00 May Be ded to Fees der s. 199.032,	$\exists$
24	9. Name and Add	ess of Current A	29 egistered Agent	30	81	Name	Florida Statutes 10. Name and Address of New R	Kyes No Ngistered Agent		
1060	Hon Ming 5 Crystal Cove A Raton FL 3349				82 83	Street Add	ress (P.O. Box Number is Not Accepta	· · · · · · · · · · · · · · · · · · ·		
office or re agent. I an	o the provisions of Se gistered agent, or bo n familiar with, and ac	th, in the State of I	Florida, Such chan	ge was author	ized by	/ the corpora	poration submits this statement for the tion's board of directors. I hereby acce	FL purpose of chang	Zip Code ing its registered	Ē
	filgrative lyped or proteo nat	····				ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI		TOPS IN 12	-
12. Tillf	D	OFFICERS AND D	DIRECTORS		<b>3.</b> .1 TITLE		ADDITIONS/CHANGES TO OFFI			× (96/6)
NAME STREET ADDRESS C/TY - ST- Z/P	WU, HON MING 10605 CRYSTAL BOCA RATON FL			1	2 NAME 3 STREET 4 City-5	ADDRESS				SCR2E034
TITLE NAME STREET ADDRESS	D WU, SIU WAI 10605 CRYSTAL	COVE LANE	DE DE	LETE 2 2	.1 TITLE 2 NAME	ADDRESS	11	Cha	inge 🔲 Addilio	ی ا
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL	33498		LETE 3 3	4 CITY- 1 TITLE 2 NAME	ST - ZIP		Cha	inge 🔲 Additio	'n
CITY - ST - ZIP TITLE NAME			DE	IETE 4	4. CITY- 1 TITLE 2 NAME			Cha	inge 🛄 Additio	'n
STREET ADDRESS CITY - ST - ZIP TITLE			De	LETE 5	4 CITY - 5 1 TITLE	ADDRESS	<b></b>	Cha	inge 🗌 Additio	л N
NAME STREET ADDRESS CITY - ST - ZIP				5	2 NAME 3 street 4 city - 5	ADDRESS				
TITLE NAME STREET ADDRESS CITY - ST - ZIF			DE []	LETE 6 6 6	1 TITLE 2 NAME 3 STREET 4 CITY - S	ADDRESS		Cha	•	n
14. I do hereb information I am an off	i indicated on this an licer or director of the Block 12 or Block 13	ual report or sup corporation or the if changed, or or	plemental annual re e receiver or trustee	eport is true ar empowered h an address.	id acci to exec	urate and tha	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as if mad Statutes; and that	le under oath; th my name	iat