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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082091 (5)

CAPRI HONG KONG, INC. Principal Place of Business Mailing Address 4204 W. 16 AVENUE 4204 W. 16 AVENUE HIALEAH FL 33012 HIALEAH FL 33012-7829 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country This corporation has liability for intangible to x under s. 199.032, 29 30 Florida Statutes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TANG, WAH 17318 NW 63 PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33015 83 City 84 Zip Code 85 11. Pursuant to the provisions of Section 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. Lam familiar with approximate the objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. AND DIFFCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICE 13. (96/6)PD. DELETE 1.1 TITLE Change TANG, WAH NAME 1.2 NAME 17318 NW 63 PLACE SURFELADORESS 1.3 STREET ADDRESS MIAM! FL 33015 PST.D CHY S1-76° 1.4 CITY - ST - ZIP Addition 100 DELETE 21 TITLE TANG WAH Change CHAN, KWOK-MING NAME 22 NAME 17318 NW 63 PC 4848 GORHAM AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32817 MIam R 33015 C:TY-S1-ZiP 2. 4 CITY-ST-ZIP DELETE Change Addition Trate 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP 0-TY- ST-7-7 DELETE Change Addition HELF 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY ST-ZIP DELETE 5.1 TITLE ☐ Change Addition THE 5.2 NAME MAME

14. I do hereby certily 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 807, Florida Statutes; and that my name appears in Block 13 if changes of on an attachment which address.

6.4 CITY - ST- ZIP

53 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City-St Zin

THE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

DELETE

20/97 300-

FILED

Apr 28 1997 8:00am

Secretary of State

0116973

Change

Addition