

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90272 040 ***150.00

DOCUMENT # P96000093292

1. Corporation Name

ASIAN CENTURY HERBAL HEALTH, INC.

Principal Place of Business

152 NE 167TH AVE
#111
NORTH MIAMI BCH FL 33162

Mailing Address

152 NE 167TH AVE
#111
NORTH MIAMI BCH FL 33162



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0842894

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11133 NW 2nd Court
Suite, Apt. #, etc.

2a. Mailing Address

26 11133 NW 2nd Court
Suite, Apt. #, etc.

City & State

23 Coral Springs, FL

Zip Country

24 33071 25

City & State

28 Coral Springs, FL

Zip Country

29 33071 30

9. Name and Address of Current Registered Agent

CHANG, ANTHONY M
152 NE 167TH AVE
#111
NORTH MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name Chang, Anthony M.

82 Street Address (P.O. Box Number is Not Acceptable)

11133 NW 2nd Court

83

84 City Coral Springs, FL

85

Zip Code 33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE
NAME CHANG, ANTHONY
STREET ADDRESS 152 NE 167TH AVE., #111
CITY-ST-ZIP NORTH MIAMI BCH FL 33162

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS ☒ Change ☐ Addition
1.2 NAME Chang, Anthony
1.3 STREET ADDRESS 11133 NW 2nd Court
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Anthony M. Chang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

305-945-8886

Date

Daytime Phone #

CR2E034 (11/98)