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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000093440 (1)

1. Corporation Name
LE CHIC PARISIEN, INTERNATIONAL, INC.



Principal Place of Business: **8001 S OBT #204 ORLANDO FL 32809**
 Mailing Address: **8001 S OBT #204 ORLANDO FL 32809**

3. Date Incorporated or Qualified: **11/12/1996** 3a. Date of Last Report
 4. FEI Number: **59-3417647** 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: Yes No

2. Principal Place of Business: [21] State, Apt. #, etc.; [22] City & State; [23] Zip; [24] Country
 2a. Mailing Address: [26] **8748 Wittenwood Cove**; [27] City & State; [28] **Orlando FL 32836**; [29] Zip; [30] Country

9. Name and Address of Current Registered Agent
CHENG, JANEY
327 STERING ROSE CT
APOPKA FL 32704

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHENG, JANEY	
STREET ADDRESS	327 STERING ROSE CT	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAN, ERIC	
STREET ADDRESS	2671 LAKE DEBRA DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WANG, PAUL	
STREET ADDRESS	5105 WARRIER LANE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LO, JIAN T	
STREET ADDRESS	7505 FENWICK CV	
CITY-ST-ZIP	ORLANDO FL 32819	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)