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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENŢ OF STATE

Sandra & Mordiam

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1997 8:00am
Secretary of State

Daytime Phone #

DOCUMENT # CHANGS INTERNATIONAL INVESTA Principal Place of Business
3702 CARKOLLWOOD K. Mailing Address 3702 CARROLL WOOD PLACE UNIT 202 UNIT 202 TAMPA FIL, 3364 TAMPA FL. 33624 3. Date incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address 2. Principal Place of Business Applied For 21 3702 CARROLLWOOD PLACE 26 3702 CARROLLWOOD PLACE Suite, Apt. #, etc. Not Applicable APPLIED FOR \$8.75 Additional 5. Certif-cate of Status Desired 22 263. City & Slale Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No 30 HILLSBROUGH 🛎 Yes 9. Name and Address of Current Registered Agent CHIN C. CHBN で 10. Name and Address of New Registered Agent Name 370) CARROLLWOOD PLACE Street Address (P.O. Box Number is Not Acceptable) TAMPAR. 3364 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, 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 Jamilian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Addition 1 1 1 ITEE Change TITLE PHIN C. CHANG 520 1.2 NAMI NAME BYON CARROLLWOOD PL. #202 1.3 STREET ADDRESS FL 33624 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE 2.1 TITLE Change Addition NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Channe NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.13000 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y - S1 - 7)P CITY-ST-ZIP ☐ DELETE 5 1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-S1-ZIP 5.4 CHY-\$1-7# DELETE 6.1.1III.E Addition TITLE egoogaaisa NAME 62 NAME -06/18/97--01005 STREET ADDRESS 6.3 STREET ADDRESS ***165,80 6.4 CHY - \$! - 7(f) CITY - ST - ZIF

14. Too hereby certify that the information supplied with this fring 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 airrual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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