

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094855 (9)

1. Corporation Name  
CHIRICO, INCORPORATED



Principal Place of Business 12522 EARNEST AVENUE ORLANDO FL 32837	Mailing Address 12522 EARNEST AVENUE ORLANDO FL 32837-8568
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2. Principal Place of Business 21 1304 W. VINE STREET Suite, Apt. #, etc. 22 KISSIMMEE City & State 23 FLORIDA Zip 24 34741		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip 29 34741		3. Date Incorporated or Qualified 11/19/1996		3a. Date of Last Report N/A	
2. Principal Place of Business 21 1304 W. VINE STREET Suite, Apt. #, etc. 22 KISSIMMEE City & State 23 FLORIDA Zip 24 34741		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip 29 34741		4. FEI Number 59-3411985		Applied For Not Applicable	
2. Principal Place of Business 21 1304 W. VINE STREET Suite, Apt. #, etc. 22 KISSIMMEE City & State 23 FLORIDA Zip 24 34741		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip 29 34741		5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required	
2. Principal Place of Business 21 1304 W. VINE STREET Suite, Apt. #, etc. 22 KISSIMMEE City & State 23 FLORIDA Zip 24 34741		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip 29 34741		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	
2. Principal Place of Business 21 1304 W. VINE STREET Suite, Apt. #, etc. 22 KISSIMMEE City & State 23 FLORIDA Zip 24 34741		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 FLORIDA Zip 29 34741		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

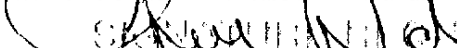
9. Name and Address of Current Registered Agent LP, CHUN WAH 12522 EARNEST AVENUE ORLANDO FL 32837		10. Name and Address of New Registered Agent 81 Name WILLIAM CHAN 82 Street Address (P.O. Box Number is Not Acceptable) 1304 W. VINE STREET 83 84 City KISSIMMEE FL 85 Zip Code 34741	
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11. 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  WILLIAM CHAN, TREASURER 3-17-97  
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LP, CHUN WAH 12522 EARNEST AVENUE ORLANDO FL 32837	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P LP, CHUN WAH 12522 EARNEST AVE. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> RAYMOND LIU 2252 B WASSH CT. KISSIMMEE FL. 34746	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM CHAN 11608 CHISBURY DRIVE ORLANDO FL. 32837	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  LP, CHUN WAH IP P. 3/17/97 (477)932-8000

CR2E034 (9/96)