

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000097952 (1)**

1. Corporation Name  
**GOLDEN BLOSSOM BONAVENTURE INC.**



Principal Place of Business Mailing Address  
**2571 N HIATUS RD COOPER CITY FL 33026**      **2571 N HIATUS RD COOPER CITY FL 33026-1371**

3. Date Incorporated or Qualified **11/26/1996**      3a. Date of Last Report  
 4. FEI Number **65-2849181**      Applied For / Not Applicable  
 6. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 8. 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      2a. Mailing Address  
 21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      28 Zip      Country      30 Country

9. Name and Address of Current Registered Agent  
**LOK KAWAI**  
**1830 NW 107 AVE**  
**PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent  
 81 Name **Marie Wang**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1830 NW 107 Ave**  
 83  
 84 City **Pembroke Pines**      FL      85 Zip Code **33026**

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]*      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b> <input type="checkbox"/> DELETE
NAME	<b>Marie Wang</b>
STREET ADDRESS	<b>1830 NW 107 Ave</b>
CITY-ST-ZIP	<b>Pembroke Pines FL 33026</b>
TITLE	<b>Agent</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Kawi Lok</b>
STREET ADDRESS	<b>1830 NW 107 Ave</b>
CITY-ST-ZIP	<b>Pembroke Pines FL 33026</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Marie Wang</b>
1.3 STREET ADDRESS	<b>1830 NW 107 Ave</b>
1.4 CITY-ST-ZIP	<b>Pembroke Pines FL 33026</b>
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]*      3/26/97      Date      Daytime Phone # 6601850

CR2E034 (9/96)