


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

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May 06 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 # P96000099395 (1) 1. Corporation Name ALLIED PACIFIC CAPITAL, INC.					
Principal Place of Business 21218 ST. ANDREWS BLVD. #10-222 BOCA RATON FL 33433			Mailing Address 21218 ST. ANDREWS BLVD. #10-222 BOCA RATON FL 33433-2435		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/09/1996	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3a. Date of Last Report 12/09/1996	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 65-0714412	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDMUNDS, DENISE 21218 ST. ANDREWS BLVD. #10-222 BOCA RATON FL 33433			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: <i>[Signature]</i> 5. printer typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D COLLIN, ARUMUGAM A STREET ADDRESS 21218 ST. ANDREWS BLVD. #10-222 CITY- ST- ZIP BOCA RATON FL 33433			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME H. L. NG. 1.3 STREET ADDRESS 567 B BALESTIER RD. 1.4 CITY- ST- ZIP SINGAPORE 329873 SINGAPORE		
TITLE <input checked="" type="checkbox"/> DELETE NAME COLLIN, KUJAMBU STREET ADDRESS 21218 ST. ANDREWS BLVD. #10-222 CITY- ST- ZIP BOCA RATON FL 33433			2.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME BRUCE E. THOMSEN 2.3 STREET ADDRESS 96 FIFTH AVENUE 11G. 2.4 CITY- ST- ZIP NEW YORK, N.Y. 11101		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		
14. I on 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-4-97 Date Daytime Phone # 0006540		

CR2E034 (9/96)