

DOCUMENT # P96000100259

1. Entity Name
CHANG INT'L ENTERPRISES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90013 023 ***550.00

Principal Place of Business
10534 NW 27TH AVE
MIAMI FL 33147
US

Mailing Address
10534 NW 27TH AVE
MIAMI FL 33147
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0712251

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAIR, MERDELL
3120 NO 72ND TERRACE
HOLLYWOOD FL 33024

Name LEILA CHEN
Street Address (P.O. Box Number is Not Acceptable)
11035 SW 138 ST
City MIAMI FL Zip Code 33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANG, BASIL JR 1530 SW 109TH AVE BLDG 6 APT 202 HOLLYWOOD FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANG, BASIL JR 18201 NW 16th STREET PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, MERDELL 3120 NO 72ND TERRACE HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, BASIL SR 3120 NO 72ND TERRACE HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/00 Date

305-691-8882 Daytime Phone #

CR2E034 (5/00)