


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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000030226 1. Corporation Name FLYING DRAGON OF MIAMI, INC.					
Principal Place of Business Flying Dragon of Miami, Inc. 1172 South Dixie Highway, Suite 300 Coral Gables, Florida 33146			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 1172 S. Dixie Highway		26 1172 S. Dixie Highway		65-0747311	
22 Suite, Apt. #, etc. Suite 300		27 Suite, Apt. #, etc. Suite 300		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Coral Gables, Fl. 33146		28 City & State Coral Gables, Fl 33146		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33146		25 Country Dade		29 Zip 33146	
				30 Country Dade	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
George W. Chesrow 1230 South Alhambra Circle Coral Gables, Fl. 33146			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 types or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DP					
1.3 STREET ADDRESS Xifen Yu					
1.4 CITY-ST-ZIP 1172 S. Dixie Highway, #300					
1.5 CITY-ST-ZIP Coral Gables, Fl. 33146 <input type="checkbox"/> DELETE					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Xifen Yu (305) 596-7625 3/2/98

CR2E034 (10/97)