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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$59081

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FILED

Jan 28 1997 8:00am

Secretary of State

Principal Flace of Business Mailing Address 5761 S.W. 10TH STREET MIAMI FL 33144 MIAMI FL 33144-5101									
						3. Date Incorporated or Qualified 06/12/1991	3a. Date 01/26	of Last Re /1996	eport
2. Principal Place of Business 2a. Mailing Address 2f			s		***************************************	4. FEI Number 65-0266283	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			G.	•	_	5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Sta		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Addød t	o Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry			Yes 🞵	No	199.032,
	·····	of Current Registered Agent		81	Name	10. Name and Address of New Reg	istered Ag	ent	
	IANG, TEODORO B1 S.W. 10TH STREET				L				
MIAMI FL 33144				82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
(VIA)	WW 1 2 00 1 44		ļ	83			·		
				В4	City		FL	85 Zip (Code
office or	r tenislered arient or both i	ns 607,0502 and 607,1508, Florida in the State of Florida. Such change of the obligations of, Section 607,05	was authorized	1 hu	the corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of c t the appoir	nanging its itment as	s registered registered
SIGNATURE									
12.		registered agent and title if applicable TICERS AND DIRECTORS	(NOTE: Registered	J Age	ant signature require	ADDITIONS/CHANGES TO OFFIC	DATE EDS AND D	IDECTOR	C IN 12
TITLE	PD	DELE		L.F	7	ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	CHANG, TEODORO	_	1.2 NA)				
STREET ADDRESS	5761 S.W. 10TH ST.		1.3 \$T	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 00	TY - S	T-ZIP				
TITLE	STD	DELE	TE 2.1 T()	LE				Change	Addition
NAME	LUCK, CHALRES		2.2 NA	ME					
STREET ADDRESS			2.3 ST	reet	ADDRESS				
CITY - ST - ZIP	MIAMI FL			ITY-S	ST-ZIP				
TITLE		☐ DELE			1		L	_ Change	☐ Addition
NAME			3.2 NA		Į .				
STREET ADDRESS	5				ADDRESS	•			
CITY - ST - ZIP TITLE		DELE			ST-ZIP			Change	☐ Addition
NAME		L. Otte	4.1 HII		}		L	υ viiαilyc	
STREET ADDRESS					ADDRESS				
	'								
CITY-ST-ZIP TITLE		DELE	4.4 Cr TE 5.1 Trl		N- AIF		—	Change	Addition
NAME			5.2 NA				_		
STREET ADDRESS	S				ADDRESS				
CITY - ST-ZIP			5.4 CI		1				
TITLE	†···	DELE						Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS	5		6.3 ST	REET	ADDRESS				
0179 CT 710	1				T 700				

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:

Daytime Phone #

Dare