

**DOCUMENT # S95843**

1. Entity Name

**CANDOR TRAVEL SERVICE INC.****FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90107 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5850 LAKEHURST DR. #290-4 ORLANDO FL 32819 US	Mailing Address 5850 LAKEHURST DR. #290-4 ORLANDO FL 32819 US
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2. Principal Place of Business <b>7645 Apple Tree Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>7645 Apple Tree Circle</b> Suite, Apt. #, etc.
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City & State <b>ORLANDO FL 32819</b>	City & State <b>ORLANDO, FL 32819</b>	4. FEI Number <b>59-3095139</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip <b>32819</b>	Country <b>ORANGE</b>	Zip <b>ORANGE</b>	Country <b>ORANGE</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FANG, MAIFU</b> <b>7645 APPLE TREE CIR.</b> <b>ORLANDO FL 32819</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back).	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FANG, MAIFU</b> <b>6130 HUCKLEBERRY AV</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**1-9-01 407-352-3377**

CR2E034 (10/00)