

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

FILED

**Feb 10 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 # V08535 (9)
1. Corporation Name
BECKERS INTERNATIONAL, CORP.



Principal Place of Business
4205 MW 36TH AVE MIAMI FL 33142

Mailing Address
4205 MW 36TH AVE MIAMI FL 33142

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **01/31/1996**

4. FEI Number **65-0306887** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **4205 N.W. 36 AVE.**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL**
Zip
24 **33142** Country
25 **USA**

2a. Mailing Address
26 **4205 N.W. 36 AVE.**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FL**
Zip
29 **33142** Country
30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIU-HUNG, TENSANG
8001 NW 7 ST #20
MIAMI FL 33126

81 Name
HUNG, LEO K.

82 Street Address (P.O. Box Number is Not Acceptable)
4205 N.W. 35 AVE.

83

84 City
MIAMI 85 Zip Code
FL 33142

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]* **VICE-PRESIDENT** DATE **1/13/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V <input type="checkbox"/> DELETE
NAME	CHIU-HUNG, STEVEN
STREET ADDRESS	4205 N.W. 36 AVE.
CITY-ST-ZIP	MIAMI FL 33142
TITLE	P <input type="checkbox"/> DELETE
NAME	CHIU-HUNG, LEO, K.
STREET ADDRESS	4205 NW 36 AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	S <input type="checkbox"/> DELETE
NAME	NOVAS, BARBARA
STREET ADDRESS	4205 NW 36 AVE
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUNG, LEO K.
2.3 STREET ADDRESS	4205 N.W. 36 AVE.
2.4 CITY-ST-ZIP	MIAMI, FL 33142
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 the attachment with an address.

SIGNATURE: *[Signature]* **VICE-PRESIDENT** DATE **1/13/97**

CR2E034 (9/96)