## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

V52507 **DOCUMENT #** 

(3)

 Corporation Name SHI YING, INC.



| rincipal Place of  | Mailing Address                                       | g Address                             |  |  |  |                                      |                 |
|--|---|---------------------------------------|--|--|--|--------------------------------------|-----------------|
| 11443 WEST O   | AKLAND PARK BLVO.                                     | 11443 WEST OAKLAN<br>SUNRISE FL 33322 | D PARK BLVD  |  |  |                                      |                 |
| SUNRISE FL 33322   |   | ON MICE OF COLLE                      |  | 3. Date Incorporated or Qualified 07/21/1992   |  | a. Date of Last Report<br>04/20/1995 |                 |
| Principal Plac   | - of Dispinate  | 2a. Mailing Address                   |  |  | 4. FEI Number  | <u> </u>                             | Applied For     |
| Principal Plac   | 6 OL BORILIASS  | 26                                    |  |  | 65-0351094   |                                      | Not Applicable  |
| Suite, Apt. #,   | etc   | Suite, Apt. #, etc.                   |  |  | 5. Certificate of Status Desired   | 1 1 7 -                              | 5 Additional    |
| Suite, Apr. #1   | Cic   | 27                                    |  |  | J. Gert loads of Glades 2  |                                      | Required        |
| City & State   |   | City & State                          |  | 6. Election Campaign Financing   | 1 1  | 00 May Be                            |                 |
| ,  |   | 28                                    |  |  | Trust Fund Contribution  | Aut                                  | led to Fees     |
| Zip  | Country   | Zιp                                   | Coun   | try  | 8. This corporation has liability for  | intangible tax under  No             | \$ 199.002,     |
|  | 25  | 29                                    | [30]   |  | Florida Statutes V Yes  10. Name and Address of New F                                  |                                      |                 |
|  | 9. Name and Address of Currer                         | nt Registered Agent                   |  | B1 Name  | 10. Name and Address of New .  |                                      |                 |
|  |   |                                       |  |  |  |                                      |                 |
| AU, SHI F  |   |                                       |  | 82 Street Add  | lress (P.O. Box Number is Not Acceptat   | ole)                                 |                 |
|  | OAKLAND PARK BLVD.                                    |                                       | -  | 83   |  |                                      |                 |
| Sunrise  | FL 33322  |                                       |  | 83   |  |                                      |                 |
|  |   |                                       | Ī  | 84 City  |  | FL  85                               | Zip Code        |
|  |   |                                       |  |  | oration submits this statement for the pu<br>and of directors. I hereby accept the app | range of changing i                  | s registered of |
|  | Signature: typen or printed harrollot register. Tager | taid teil ag make.<br>ND DIRECTORS    | INCIE Registered                                       | Ago Legiator reput   | ADDITIONS/CHANGES TO OF  |                                      |                 |
| E. T   | D   | DELETE                                | 1 1 11   | TLE  |  | Chan                                 | ge 🔲 Additio    |
| .ME  | AU, SHI FAN   | -                                     | 1.2 NA   | ME   |  |                                      |                 |
| REET ADDRESS   | 8571 N.W. 24TH STREET                                 |                                       | 1351   | REET ADDRESS   |  |                                      |                 |
| TY-ST-ZIP  | SUNRISE FL  |                                       | 1.4 CI   | IY-ST-ZIP  |  |                                      |                 |
| LE.  | D   | DELETE                                | 2 1 1  | TLF  |  | Chan                                 | ge 🗌 Additio    |
| ME   | AU, SHUK YING   |                                       | 2.2 N/   | AME  |  |                                      |                 |
| REET ADDRESS   | 8571 N.W. 24TH STREET                                 |                                       | 2381   | REET ADDRESS   |  |                                      |                 |
| TY - ST - ZIP  | SUNRISE FL  |                                       |  | TY - ST- ZIP   |  | ☐ Cnar                               | ig∈ ☐ Additio   |
| L€   |   | ☐ DELETE                              | 3 1 1  |  |  |                                      | ge LJ / Marin   |
| ME   |   |                                       | 3 2 N  |  |  |                                      |                 |
| REET ADDRESS   |   |                                       |  | TREET ADDRESS  |  |                                      |                 |
| TY - ST - ZIP  |   | Flores                                | 34C<br>4 1 T   | 11 Y - ST - ZIF  |  | Chai                                 | ige 🔲 Additi    |
| TLE  |   | DELETE                                |  |  |  |                                      |                 |
|  |   |                                       | 4 2 N  |  |  |                                      |                 |
|  | i e   |                                       |  |  |  |                                      |                 |
| AME  |   |                                       |  | TREET ADDRESS  |  |                                      |                 |
| AME<br>TREET ADDRESS<br>TTY-ST-ZIP   |   | T) DÉLETE                             |  | 11Y - ST - Z1F   |  | Cha                                  | nge 🔲 Additi    |
| AME<br>Treet address<br>Hy-st-zip  |   | DELETE                                | 440<br>5.11  | HY · ST · ZIF  |  | ☐ Cha                                | nge 🔲 Additi    |
| AME<br>Tree! Address<br>ity-st-zip<br>itle<br>iame   |   | DELETE                                | 5 1 1<br>5 2 N   | TITY - ST - ZIF<br>TITLE<br>IAME   |  | ☐ Cha                                | nge 🔲 Additi    |
| AME TREET ADDRESS HY-ST-ZIP HTLE HAME STREET ADDRESS   |   | DELETE                                | 440<br>5 11<br>5 2 N<br>5 3 S                          | ITY - ST - ZIF<br>ITLE<br>IAME<br>GREET ADDRESS  |  | _                                    |                 |
| AME TREET ADDRESS HY-ST-ZIP HLE IAME STREET ADDRESS STY-ST-ZIP   |   | DELETE                                | 44 C<br>5 11<br>5 2 N<br>5 3 S<br>5 4 C                | TITY - ST - ZIF<br>TITLE<br>IAME   |  | ☐ Cha                                |                 |
| IAME ITREE ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE                                     |   |                                       | 440<br>5 11<br>5 2 N<br>5 3 S<br>5 4 0                 | ITY - ST - ZIP  ITTLE  IAME  ITRSET ADDRESS  DITY - ST - ZIP   |  | _                                    |                 |
| NAME STREEF ADDRESS CITY-ST-ZIP THE NAME STREEF ADDRESS CITY-ST-ZIP THE NAME                                 |   |                                       | 44 C<br>5 11<br>5 2 N<br>5 3 S<br>5 4 C<br>6 1         | ITY-ST-ZIP  ITHE  IAME  CREET ADDRESS  CITY-ST-ZIP  TITLE  |  | _                                    |                 |
| NAME STREEF ADDRESS CITY-ST-ZIP THLE NAME STREEF ADDRESS CITY-ST-ZIP THLE NAME STREEF ADDRESS STREEF ADDRESS |   | DETEIE                                | 44C<br>5 11<br>5 2 N<br>5 3 S<br>5 4 C<br>6 1<br>6 3 S | ITY ST-ZIF  TITLE  IAME  GREET ADDRESS  DITY-ST-ZIP  TITLE  IAME  IAME | fy for the exemption stated in Section 1<br>urate and that my signature shall have t   | Cna                                  | nge 🔲 Additi    |

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 it chapped, or on an attachment with an address. AN Jan An SHI FAN AU 4-22-96 BIY 741-9888