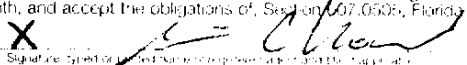
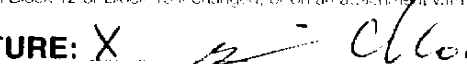


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V66050 (8) 1. Corporation Name SIMON & MEI CHOW, INC.					
Principal Place of Business 2020 NE 17TH CT. FT. LAUDERDALE FL			Mailing Address		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 4981 N. State Rd, 7 23 City & State TAMARAC FL 24 Zip 33319		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State TAMARAC FL 28 Zip 33319		3. Date Incorporated or Qualified 09/21/1992 3a. Date of Last Report	
25 Country U.S.A.		29 Country		4. FEI Number 65-0359934 Applied For Not Applicable	
9. Name and Address of Current Registered Agent CHOW, SIMON F. 2020 NE 17TH CT. FT. LAUDERDALE FL 33305		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4981 N. STATE RD7 83 84 City TAMARAC		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	
10. Name and Address of New Registered Agent		85 Zip Code 33319		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 X  Signature of Registered Agent and Name of Registered Agent (Print Name)		DATE		DATE	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 registered agent or trustee authorized 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.		000001914620 -08/06/96--01170--025 ***225.00			
SIGNATURE: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIMON F CHOW		(954) 731-5120	

CR2E034 (12/95)