

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

DOCUMENT #

467574

1. Corporation Name:

MIJAN INC

Principal Place of Business

Mailing Address

8362 PINES BLVD
STE. 308

SAME

PEMBROKE PINES, FL 33029

2. Principal Place of Business

21 8362 PINES BLVD

2a. Mailing Address

26 8362 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 * 308

27 * 308

City & State

City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FL

Zip

Zip

24 33029

25 USA

29 33024

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL A. CHEN

434 S.W. 177 AVE.

PEMBROKE PINES, FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent (to be filled in by agent)

NOTE: Registered Agent's name must be typed or printed.

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / OWNER ☐ DELETE

NAME MICHAEL CHEN
STREET ADDRESS 434 S.W. 177 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE V. PRESIDENT / SECRETARY ☐ DELETE

NAME JANILL CHEN
STREET ADDRESS 434 S.W. 177 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ☐ DELETE

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NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-ST-ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS ☐ Change ☐ Addition

28. CITY-ST-ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. CITY-ST-ZIP ☐ Change ☐ Addition

33. TITLE ☐ Change ☐ Addition

34. NAME ☐ Change ☐ Addition

35. STREET ADDRESS ☐ Change ☐ Addition

36. CITY-ST-ZIP ☐ Change ☐ Addition

37. TITLE ☐ Change ☐ Addition

38. NAME ☐ Change ☐ Addition

39. STREET ADDRESS ☐ Change ☐ Addition

40. CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE

4 29 96

PM 5/1/96

CR2E034 (12/95)