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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:44

DOCUMENT # **M05724** **(3)**

1. Corporation Name
CHUNG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O BRIAN CHUNG 16055 NW 57TH AVE HIALEAH FL 33014-6705 US	679 MIDDLE RIVER DR. FT LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 4690 N.W 167TH ST.
Suite, Apt. #, etc. (22):
City & State (23): MIAMI, FLA.
Zip (24): 33054 Country (25): DADE

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-2468502 ☐ 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

9. Name and Address of Current Registered Agent

CHUNG, BRIAN
16055 NW 57TH AVE
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: BRIAN CHUNG.
82 Street Address (P.O. Box Number is Not Acceptable): 4690 N.W 167TH ST.
83
84 City: MIAMI FL 85 Zip Code: 33054

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHUNG, BRIAN	12 NAME	
STREET ADDRESS	16055 NW 57TH AVE	13 STREET ADDRESS	4690 N.W 167TH ST.
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	MIAMI, FLA, 33054
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CHUNG, BELINDA	22 NAME	
STREET ADDRESS	16055 NW 57TH AVE	23 STREET ADDRESS	4690 NW 167TH ST.
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	MIAMI, FLA, 33054
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 an attachment with an address.

SIGNATURE: Belinda Chung 3/29/95 (DATE) 625-6731 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0911061 CP