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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014352 (7)

VAN AND LIU COMPANY

					i				
Principal Plac	e of Business	Mailing Address			I INDIINESI IIA MUSE IIIII GOIII OLIII E	41H 00101 11911	ALBER (418) BEI	(B ((B) (BB)	
319 CANDIA AVE CORAL GABLES FL 33134 319 CANDIA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134			34			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						02/16/1993			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		I Ar	plied For
21		26				_65-0393316			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Stat	6	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip		untry		8. This corporation owes or has p	_		
24	25	29	30			Personal Property Tax due Juni 10. Name and Address of New Ri			No
ļ	g, Name and Address of Curren	r Hegistered Agent		61 Name		10. Name and Address of New H	agistered A	rgent .	
LIU, PHILIP S 319 CANDIA AVE					Addres	ess (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134				83		· · · · · · · · · · · · · · · · · · ·			
				84 City			FL	85 Zip (Code
agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE: Registere			f when reinstating)	DATE		
_12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	PD	☐ DELETE	1.1 1]			Change	Addition
NAME	LIU, PHILIP S		1.2 N	-	ļ				
STREET ADDRESS	319 CANDIA AVE			TREET ADDRESS					
CITY-ST-ZIP TITLE	CORAL GABLES FL 33134 STD	☐ DELETE	2.1 T	ITY-ST-ZIP	 -			Change	Addition
NAME	LIU. PAT VAN S		2.7 N		1			Change	C. J. Madillon
STREET ADDRESS	319 CANDIA AVE			TREET ADDRESS	ļ				
CITY - ST - ZIP	CORAL GABLES FL 33134			XITY-ST-ZIP					
TITLE	001012 00 12 00 12 00 10 1	DELETE	3.1 T		 			Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET ADDRESS					
CITY-SI-ZIP			3,4. (CITY-ST-ZIP	1				
TITLE		DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME	1				
STREET ADDRESS			4.3 \$	TREET ADDRESS]	•			
CITY-ST-ZIP			440	ITY-ST-ZIP	<u> </u>				
TIFLE		☐ DELETÉ	5.1 T	ITLE	[Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP	<u> </u>				
TATLE		DELETE	6.1 T	ITI F	I			Change	Addition

14. I hereby certify that the information supplied with this filling 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:

305-367-1377

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Apr 15 1998 8:00am

Secretary of State