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

**PROFIT** CORPORATION ANNUAL REPORT 1999 <del>1998</del>



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 95 0000 66521

YLY INTERNATIONAL, INC.

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90071 047 \*\*\*150.00

Principal Place of Business Mailing Address							
20442-	7 BISCAYNE 13109	2045-7 36	20145-7 BISCHYNE BLUD				
AUENT	124 FL 33180	AVENTURA FL 33180			. 0	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 8 う9 (495)	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				Not Applicable	
Suite. Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional	
22		27				ree nequireo	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23	28		T Co.	Country		Trust Fund Contribution	
Zip	Country	Zip	— — ´			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No.	
24	25 29 30  9. Name and Address of Current Registered Agent			<del></del>		10. Name and Address of New Registered Agent	
		. negistered Agent		81	Name	To Train and Assessed as Italy Indiana.	
LEE / YUH- HWE'							
AUENTURA EL 33180				82 Street Address (P.O. Box Number is Not Acceptable)			
Admin		83					
A C E ~							
				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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11T	ITLE		☐ Change ☐ Addition	
NAME	LEE, YUH-HUE!		12 N	1.2 NAME			
STREET ADDRESS	20445-7 BISCA4~	E 13170	13ST		ADDRESS		
CITY - ST - ZIP	AUENTURA FL 33180		140	1 4 CITY-ST-ZIP			
TITLE	LI DELETE ■ 217		TLE		☐ Change ☐ Addition		
NAME	LEE, JUN-CHENT BLUD		22 N	2.2 NAME		•	
STREET ADDRESS	DOUNT-7 BISCAUNE 1311)		2.3 S	2.3 STREET ADDRESS			
CITY - ST- ZIP	AUENTURA FL 33180		2.4(	2.4 CITY-ST-ZIP		,	
TITLE		DELETE 317		TLE		☐ Change ☐ Addition	
NAME	ļ:		3 2 N	3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			340	ITY - S	T - ZIP		
TITLE		DELETE 4.1		4.1 TIFLE		☐ Change ☐ Addition	
NAME			4 2 1	IAME			
STREET ADDRESS	ESS 43		435	TREET.	ADDRESS		
CITY-ST-ZIP			ITY-SI	T-ZIP			
TITLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition	
NAME			5 2 N	AME			
STREET ADDRESS			535	TREET	ADDRESS		
CITY-ST-ZIP			5 4 C	ITY-S1	T - ZIP		
TITLE	☐ DELETE		6 1 T	6 1 TITLE		☐ Change ☐ Addition	
NAME			6 2 N	AME			
STREET ADDRESS			635	TREET.	ADDRESS		
CITY-ST-ZIP			64C	6 4 CITY- ST - ZIP			
		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				in Section 110 07/3/(i) Florido Statutos I further cartify that the information	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(r). 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: JUH - HWE LEE DIRECTOR WHATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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