PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076754 1. Corporation Name

J. YIM CORP.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90322 023 ***150.00



Principal Place of Business Mailing Address										
4935 NW 91ST TER 4935 NW 91ST TER SUNRISE FL 33351 SUNRISE FL 33351										
SUNRISE FL 33	351	SUNHISE FL	33331			DO NOT WRIT	E IN THIS SE	PACE		
)						3. Date incorporated or Qualifed 10/02/1995				
2. Principal Pi	ace of Business	2a. Mailing	Address			4. FEI Number		App	lied For]
21		26				65-0617191			Applicable	-
Suite, Apt. #, etc.			pt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ac		
22 27 City & State City & State			Siata					\$5.00 A	<u>' </u>	-
City & State	·	28	маю			6. Election Campaign Financing Trust Fund Contribution		Added to		
Zip Country Zip 24 25 29 3			Country	Personal Property Tax.			JNo			
	9. Name and Address of Curre	ent Registered Ag	jent		,	10. Name and Address of New R	egistered Ag	ent		1
VINA	CLINO			81	Name					
	SHING NW 91ST TER			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			1
	RISE FL 33351			83		· · · · · · · · · · · · · · · · · · ·				1
}										1
				84	City		FL	85 Zip Co	ode	
office or re	poistered agent or both in the Stat	e of Florida, Such	change was autho	rized by	the corporatio	oration submits this statement for the n's board of directors. I hereby accep	purpose of ch t the appointr	anging its re nent as regi	egistered istered	
agent. I ai	m familiar with, and accept the oblig	gations of, Section	607.0505, Florida	Statutes	i.					
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable.	(NOTE: Reg	istered Ager	nt signature required	when reinstating)	DATE			ء ا
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF] }
TITLE	D		☐ DELETE	1.1 TITLE			Ĺ	Change	Addition	3
NAME	YIM, SHING			1.2 NAME						1 8
STREET ADDRESS	4935 NW 91ST TER				TADORESS					
CITY-ST-ZIP	SUNRISE FL 33351		DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP			Change	Addition	1 6
NAME	TSANG, KWOK H		C 555510	2.2 NAME			•	_	_	1
STREET ADDRESS	4935 NW 91ST TER		ı		TADDRESS					
CITY-ST-ZIP	SUNRISE FL 33351		•	2. 4 CITY-5	ST-ZIP					
TITLE			T DELETE	3.1 TITLE	نيت نيت			_ Change ض	Addition	1=
NAME				3.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY+5	ST-ZIP			Change	Addition	┨
TITLE			DELETE	4. 2 NAME					—	
NAME STREET ADDRESS	•				T ADDRESS					ļ
CITY-ST-ZIP				4.4 CITY-S	{					
TITLE			☐ DELETE	5.1 TITLE			Ţ	Change	☐ Addition]
NAME				5.2 NAME						-
STREET ADDRESS			1		TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			T Chanca	- Addition	1
TITLE			☐ DELETE	6.1 TITLE			l	Change	☐ Addition	
NAME			1	6.2 NAME	TADDRESS					
STREET ADDRESS	•			6.4 CITY-S		•				
CITY-ST-ZIP			:	0.4 CHT-5	1-21-					J

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: