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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandru B. Martham -

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600053053 (0)

**SUE CHUNG CORPORATION** 

Principal Place of Business

Mailing Address

## **FILED** May 14 1997 8:00am Secretary of State



701 BRICKELL MIAMI FL 3313	ROBJERED AGENTS, INC. AVE.: 6TE. 2000 1	701 BRICKELL AVE., 8TE. MIAMI FL 33131-2860			
				<ol> <li>Date Incorporated or Qualified 06/21/1996</li> </ol>	3a. Date of Last Report
	lace of Business	2a. Mailing Address	01000	4. FEI Number	Applied For
21 9/0	7 TAFT STREET	26 9107 7Aff	STREE		Not Applicable
Suite, Apt.	ROKE PINES	Suite, Apt. #, etc.	PINES	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	111111	6. Election Campaign Financing	\$5.00 May Be
23 FLORIDA 28 FLORIDA				Trust Fund Contribution	Added to Fees
2 2302	Country	Zip	Country	8. This corporation has liability for it	
24 3502		29 33024	30 BROWARP	Florida Statutes  10. Name and Address of New Rec	Yes No
WI OO REGISTERS ACCUSED AND					
701 BRICKELL AVE. 82 Street Addition				UE CHARACTER FEET	TING CHUNG
8UITE 2000				odress (P.O. Box Number is Not Acceptab ー アルイナー STR を行	(e)
MIAMI FL 33131 83 Q					
			B4 City		<b>■■ 85</b> Zip Code
			1 1-2	mbroke pines	FL     33024
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 horoby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE Stignature, typed or plinted name of whistered agent and title (i.g., plucable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	(
TITLE	PVSD	☐ DELF1E	1.1 TOLE		Change Addition
NAME	CHUNG, SUE TING		1.2 NAME		
STREET ADDRESS	ABBEY GARDEN CHRISTCHURCH, BARBADOS		1.3 STREET AODRESS		
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY - ST - ZiP 2.1 TITLE		Change Addition
NAME	ZHIQUAN, SU	_ 022111	2.2 NAME		El Sussiba City (100000)
STREET ADDRESS	ABBEY GARDEN		2.3 STREET ADDRESS		3
CITY-ST-ZIP	CHRISTCHURCH, BARBADOS		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		ţ
CITY-ST-ZIP		Ditte	3 4. CHY-ST-7IP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	• •		4.4 CITY-S1-ZIP	I	_^
TITLE		DELETE	5.1 TITLE	nth,	Change Addition
NAME			5.2 NAME	1300	X *
STREET ADDRESS	λ,		5 3 STREET ADDRESS	¥1.1	\
CITY-ST-Z#P	· ·		5.4 CITY - ST - ZIP		
TITLE	,	☐ DELETE	6.1 TITLE	80000219 -05/27/970100	DESS Addition
NAME			6 2 NAME	-05/27/970100	15029
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	
CITY-ST-ZIP		<u>-</u>	6.4 C(1) Y - S1 - Z(P		

14. I do 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.