## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90229 012 \*\*\*150.00

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i. Corporation		067311							
CLWS, I	NC.					<b>--</b>			- 1
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·								(1 <b>88</b> )	ı
Principal Place	e of Business	Mailing Address							1
9343 STATE ROAD 7 9343 STATE ROAD 7 80YNTON BEACH FL 33437 80YNTON BEACH FL 33437								1	
					3. Date incorporated or Qual	WRITE IN TH	IS SPACE		. 1
					07/31/1998				
2. Principa Pl	face of Business	2a. Mailing Address			4. FEI Number		<u> </u>	lied For	
21		26			65-085402	<u> </u>		t Applicable	ı
Suite, Ant.	#, etc.	Suite, Apt. #, etc.			5. Certifc ste of Status Desire	od 🔲	\$8.75 A		
22		City & State			6. Election Campaign Finance		\$5.00.		
_ City & State	<b>.</b>	28 28		-	Trust Fund Contribution	- 🗆 · eiii.	Added to		
Zip	Cour try	Zip	Count	у	8. This corporation owes the	current year	ntangible	,	
24	25	29	0		Persor al Property Tax.		Yes	No	J
	9. Name and Address of Curren	t Registered Agent		<u>,                                     </u>	10. Name and Address of N	ew Registere	d Agent		
12104	10. 011.11		В	1 Name					1
	NG, SIU H		8	2 Street Ark	ress (P.O. Bo) Number is Not Ac	ceptable)			i
	io NW S river drive Ley FL 33178		8						
MED	LE: FL 35176		°	1					
			8	4 City		F	85 Zip C	ode	
44 Printing of	to the provisions of Sections 607.050	and 607 1508. Florida Statutes	the abo	ve-named oxin	poration submits this statement for	the purpose	of charping its	egistered	
office of a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida, Such change was aut	orized b	y the corporat	on's board or allectors. I horcey t		_	istered	
l	m ramiliar with, and arcest the outige	W1917	u Owigi		,	5-4-	99	ļ	
SIGNATUF:E	Signature, typed or printed name of registered age-	and title if applicable. (NOTE. R	egistered Ag	ent eignature req ilr	ed when rematating)	DATE			<u>@</u>
12.	<del>, —                                     </del>	D DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	Addition	(11/98)
TITLE	D	U DELETE	1.1 TITLE				( ) ( ) ( ) ( ) ( ) ( )		4
NAME	WONG, SIU H 10140 NW S RIVER DRIVE		12 NAME	ET ADDRESS					
STREET ADDRESS	MEDLEY FL 33178		1.4 CITY-	1					CR2E034
TITLE	D	☐ OELETE	2.1 TITLE				Change	☐ Addition	이
NAME	LEON, CARLOS R		2.2 NAME					1	!
STREET ADDRESS	11 AVEMODA 20-20 ZONA 1		2.3 STRE	ET ADORESS					
CITY-ST-ZIP -	-GUATEMALA-C.A		2.4 CITY	ST-ZP	*** -				1
TITLE	D	☐ DELETE	3.1 TITLE	:			Change	Addition	
			•	j					i :
NAME	CHU, GARY		3.2 NAME						1 1
STREET ADDRESS	-1800 S CANAL ST		3.3 5776	ET ADDRESS			<u>۔                                    </u>		}}
STREET ADDROISS	1800 S CANAL ST CHICAGO FL 60616	Operate	3.3.577E	ET ADDRESS -ST-ZIP			☐ Change	Addition	-
STREET ADDRO SS CITY-ST-ZIP TITLE	-1800 S CANAL ST CHICAGO FL 60616 D	☐ DELETE	3.3.57RE 3.4. CITY 4.1 TITLE	ET ADDRESS -ST-ZIP			☐ Change	Addition	]
STREET ADDROISS CITY-ST-ZIP TITLE NAME	-1800 S CANAL ST CHICAGO FL 60616 D LIN, TONY	☐ DELETE	3.3.57765 3.4. CITY 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP			☐ Change	Addition	]].
STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS	-1800 S CANAL ST CHICAGO FL 60616 D LIN, TONY 197 LAFAYETTE ST	☐ DELETE	3.3.57765 3.4. CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZP E ET ADDRESS				. <u></u>	]
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STREET ADDRG SS: CITY-ST-ZIP TITLE NAME STREET ADDRG:SS CITY-ST-ZIP TITLE NAME	1800 S CANAL ST CHICAGO FL 60616 D LIN, TONY 197 LAFAYETTE ST NEW YORK NY 10013	☐ OELETE	3.3.5778 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	ET ADDRESS  ST-ZP  E ET ADDRESS  ST-ZP  ET ADDRESS  ST-ZP  ST-ZP			☐ Change	Addition	
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4. Thereby certify that the intermitted insophied with this limit does not qualify to a contract 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 seceiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SYMHOLOFFICER OR DIRECTOR

4-22-99 (561)364-1300