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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S98238

BTC LATIN, INC.

**FILED** Feb 06, 1999 8:00am **Secretary of State** 

02-06-1999 90017 013 \*\*\*158.75

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Principal Place	of Business	Mailing Address			( illalitätä tik tätki tatta tiki	10 11101 1211 2121 2			
10200 N W 25T	H ST	10200 NW 25TH ST				* *			
SUITE #111	JITE #111 SUITE #111			DO NOT WRITE IN THIS SPACE					
MIAMI FL 33172			3. Date Incorporated or Qualifed						
U\$		US			12/02/1991				
		2a. Mailing Address			4. FEI Number	<del></del> -	App	lied For	e
2. Principal P	lace of Business	<del> </del>			65-0305577		<u> </u>	Applicable	2
21		Suite, Apt. #, etc.					\$8.75 Ad		3
Suite, Apt.	——————————————————————————————————————		<ol><li>Certificate of Status Desired</li></ol>	· 💌	Fee Req	1			
22		27 City & State			6 Election Campaign Financi	na -	\$5:00 N	May Be	
· -City &⋅Stat	B	28			Trust Fund Contribution	<b>.</b>	Added to		
23	Country	Zip	Cou	untry	8. This corporation owes the	current year In	angible		
Zip		29	30		Personal Property Tax.			□No .	
24	9. Name and Address of Curren		1301		10. Name and Address of Ne	w Registered	Agent.		
<del>-</del>	g. Name and Address of Gardin	· · · · · · · · · · · · · · · · · · ·		81 Name					
YAN	G, SHU HUI MELODY				G G B N				
	N.W. 93 DORAL COURT			82 Street Addi	ress (P.O. Box Number is Not Acc	epiable)			
	AI FL 33178			83	189 Like 1912 A. S.	* # 1 2 3 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	到機構製		
						对抗 (1)	<u> </u>	3   31   14   14   15   15   15   15   15   1	
•				84 City		FI	85 Zip C	ode	
<u> </u>	to the provisions of Sections 607.050	2 and 607 1500 Elorida Statu	tos the s	hove-named corr	poration submits this statement for	the purpose of	changing its	egistered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	ot Florida, Such change was	auulonze	a by the corporation	on's board of directors. I hereby a	ccept the appo	ntment as reg	istered ·	
SIGNATURE		, . Olor	E: Panietera	d Agent signature require	ed when reinstating).	DATE			~
<del></del>	Signature, typed or printed name of registered age	ID DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	E0347(11/98)
12. TTD C	D	DELETE	_	ITLE	25 6 5 2 2		Change	☐ Addition	7
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NAME	CHUANG, TWEFUN			STREET ADDRESS					
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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.