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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # V71561**

1. Corporation Name VEHNO CORPORATION

| Principal Place of Business    | Mailing Address         |
|--------------------------------|-------------------------|
| 1232 PINES BLVD                | 11232 PINES BLVD        |
| EMBROKE PINES FL <b>3302</b> 6 | PEMBROKE PINES FL 33026 |
| IS                             | US                      |

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90044 019 \*\*\*150.00

| TEUNG  | CONFORMION   |   |                       |                        |  |
|--|--|---|-----------------------|------------------------|--|
|  |  |   |                       |                        |  |
| Principal Place  | e of Business  | Mailing Address   |                       |                        | ( 1881) Blight 1888) (188) Stills Blight High Brish Stell Brisk St |
| 11232 PINES BI   | LVD  | 11232 PINES BLVD  |                       |                        |  |
| PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33020<br>US US |  |   | 5                     |                        | DO NOT WRITE IN THIS SPACE   |
|  |  |   |                       |                        | 3 Date Incorporated or Qualifed  |
|  |  |   |                       |                        | 10/16/1992   |
| 2 0  | Log of Business  | 2a. Mailing Address   |                       | <del></del> —          | 4. FEI Number Applied For  |
|  | lace of Business   |   |                       |                        | 65-0366185 Not Applicable  |
| Suite, Apt   | # atc  | 26  |                       |                        | \$8.75 Additional  |
|  | #, <del>c</del> .c.  | 27  |                       |                        | 5. Certificate of Status Desired Fee Required  |
| City & State   | 9  | City & State  |                       |                        | 6. Election Campaign Financing \$5.00 May Be   |
|  | <del>e</del>   | 28  |                       |                        | Trust Fund Contribution Added to Fees  |
| ZID  | Country  | Zip   | Counti                | v                      | 8. This corporation owes the current year Intangible   |
| ·  | 25   | <u> </u>  | 30                    | ,                      | Personal Property Tax.   |
| 24   | 9. Name and Address of Curre   |   | 30                    |                        | 10. Name and Address of New Registered Agent   |
|  | 3. Name and Address of Carro   | The Mogration of Majorit  | 8                     | 1 Name                 |  |
| YEU  | NG, MAN C  |   |                       |                        |  |
|  | 2 PINES BLVD.  |   | 8                     | 2 Street               | et Address (P.O. Box Number is Not Acceptable)   |
|  | BROKE PINES FL 33025   |   | 8                     | 3                      |  |
|  | 5  |   | ) ]                   | ]                      |  |
|  |  |   | 8                     | 4 City                 | FL 85 Zip Code   |
|  |  | 22 450 5  |                       |                        | · —  |
| 11. Pursuant office or r                                 | to the provisions of Sections 607.05<br>egistered agent, or both, in the State | i02 and 607 1508, Florida Statute<br>e of Florida. Such change was au | s, the abouthorized b | ve-namea<br>v the corp | ed corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered  |
| agent I a  | m familiar with, and accept the oblig  | ations of, Section 607.0505, Flori                                    | ida Statute           | s                      |  |
| SIGNATURE  |  |   |                       |                        |  |
|  | Signature, typed or printed name of registered ag-                             |   |                       | ont signature i        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| 12.  |  | ND DIRECTORS  | 13.                   |                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2   |
| TITLE  | DP   | ☐ DELETE  | 1 1 TITLE             |                        | (V) Change / Mullion   |
| NAME   | YEUNG, MAN C   |   | 1.2 NAME              |                        | TE TOO   |
| STREET ADDRESS   | 1075 NE 177TH TER  |   | 13STRE                | ET ADDRESS             |  |
| CITY-ST-ZIP  | n Miami Beach Fl   |   | 1 4 CITY              | ST-ZIP                 | Pembroke Pines. FL 33028   |
| TITLE  | VPT  | ☐ DELETE  | 2 1 TITLE             |                        | ☐ Change ☐ Acdition  |
| NAME.  | YEUNG, DICK MAN YIN  |   | 2.2 NAME              |                        |  |
| STREET ADDRESS   | 1075 NE 177 TERRACE  |   | 23STRE                | ET ADDRESS             | 55 1527 NW 4th st  |
| CITY-ST-ZIP  | N. MIAMI BEACH FL  |   | 2 4 017+              | \$1,7IP                | Pembruka Pinos FL 33028  |
| TITLE  |  | (I) DELETE  | 3 1 TILE              |                        | Change Acollon   |
| NAME   |  |   | 3.2 NAME              |                        |  |
| STREET ADDRESS   |  |   | 33STRE                | ET ADORESS             | ss   |
| CITY-ST-ZIP  |  |   | 34 CITY               | -ST ZIP                |  |
| TITLE  |  | ☐ DELETE  | 4 1 fille             |                        | ☐ Change ☐ Addition  |
| NAME   |  |   | 4-2 NAM               | Ē                      |  |
| STREET ADDRESS   |  |   | 4 3 STRE              | E1 ADORESS             | ss   |
| CITY-ST-ZIP  |  |   | 4.4 CITY              | ST-ZIP                 |  |
| TITLE  |  | ☐ DELETE  | 5 1 TITLE             |                        | ☐ Change ☐ Addition  |
| NAME   |  |   | 5.2 NAME              | :                      |  |
| STREET ADDRESS   |  |   | 53STRE                | E1 ADORESS             | ss   |
| CITY-ST-ZIP  |  |   | 54 CITY-              | ST-ZIP                 |  |
| TITLE  |  | ☐ DELETE  | 6: TITLE              |                        | Change Addition  |
| NAME   |  |   | 6.2 NAME              |                        |  |
| STREET ADDRESS   |  |   | 63STRE                | ET ADDRESS             | SS   |
| OTHER MODINESS.  | }  |   | 64 0179               |                        |  |

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.

| SI | G | N | Δ | П | IR | F |
|----|---|---|---|---|----|---|