

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000716 (5)

1. Corporation Name
LING, INC.



Principal Place of Business

Mailing Address

3015 GRAND AVENUE STE 135
COCONUT GROVE FL 33133

3015 GRAND AVENUE STE 135
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3390 MARY ST

Suite, Apt. #, etc.

22 224

City & State

23 Miami FL

Zip

24 33133

Country

25 US

2a. Mailing Address

26 3390 MARY ST

Suite, Apt. #, etc.

27 224

City & State

28 Miami

Zip

29 33133

Country

30 US

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

65-0753301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LITMAN, NEAL S ESQ.
2000 SOUTH DIXIE HIGHWAY STE 200
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

WAI Ling CHOW

82 Street Address (P.O. Box Number is Not Acceptable)

3390 MARY ST # 224

83

84 City

Miami

FL

85 Zip Code

33133

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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE WAI Ling Chow, D X

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME CHOW, WAI LING
STREET ADDRESS 3166 COMMODORE PLAZA STE 135
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE D
NAME LAU, VICTOR
STREET ADDRESS 3166 COMMODORE PLAZA STE 135
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

D

1.2 NAME

CHOW, WAI LING

1.3 STREET ADDRESS

3390 MARY ST # 224

1.4 CITY-ST-ZIP

Miami FL 33133

☒ Change ☐ Addition

2.1 TITLE

D

2.2 NAME

LAU, Victor

2.3 STREET ADDRESS

3390 MARY ST # 224

2.4 CITY-ST-ZIP

Miami FL 33133

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)