

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90037 009 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 364963
 1. Corporation Name
HONG KONG VILLAGE, INC.

| | |
|--|--|
| Principal Place of Business 2211 SW 92 TERR FT LAUDERDALE FL 33324 | Mailing Address 2211 SW 92 TERR FT LAUDERDALE FL 33324 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Zip 30 |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 06/02/1970 | Applied For Not Applicable |
| 4. FEI Number 59-1395665 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

AGON, FERMIN
613 N. W. 7TH STREET
DANIA FL 33004

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | AGON, FERMIN | |
| STREET ADDRESS | 613 NW 7TH ST | |
| CITY-ST-ZIP | DANIA, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | AGON, ALFRED A | |
| STREET ADDRESS | 68 MIRACLE MILE | |
| CITY-ST-ZIP | CORAL GABLES, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DEMEE, JULIA | |
| STREET ADDRESS | 2211 SW 92 TERR #1803 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | AGON, CARLOS M | |
| STREET ADDRESS | 2211 SW 92 TERR #1803 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | AGON, MAY | |
| STREET ADDRESS | 613 N W 7 ST. | |
| CITY-ST-ZIP | DANIA, FL 00000 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CATTON, MARIA T. | |
| STREET ADDRESS | 2211 SW 92 TERR #1803 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: JULIA DEMEE 3/8/99 954-916-417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)