

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90125 042 \*\*\*150.00

DOCUMENT # 692742

1. Corporation Name  
YU HONG, INC.

Principal Place of Business  
7904 NW 40TH ST  
HOLLYWOOD FL 33024

Mailing Address  
3313 HOLLWOOD OAKS DR  
HOLLYWOOD FL 33312  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1981	
4. FEI Number 59-2102643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution	\$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	

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

9. Name and Address of Current Registered Agent

NG, TAK LEUNG  
7904 NW 40TH ST  
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP NG, TAK LEUNG 7904 NW 40TH ST HOLLYWOOD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NG, TAK LEUNG	1.2 NAME	
STREET ADDRESS	7904 NW 40TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DS NG, LOUISA 7904 NW 40TH ST HOLLYWOOD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NG, LOUISA	2.2 NAME	
STREET ADDRESS	7904 NW 40TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DT LO, YOUNG KAY 2249 W DIVERSEY AVE CHICAGO FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LO, YOUNG KAY	3.2 NAME	
STREET ADDRESS	2249 W DIVERSEY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO FL	3.4 CITY-ST-ZIP	
TITLE	D LEE, MEE YING 2249 W DIVERSEY AVE CHICAGO FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MEE YING	4.2 NAME	
STREET ADDRESS	2249 W DIVERSEY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

(954) 986 1334

Daytime Phone #

CR2E034 (11/98)

0291727