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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 823635

1. Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90113 049 ***150.00

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Principal Place	e of Business	Mailing Address					
6161 BLUE LAGOON DR. STE 270 6161 BLUE LAGOON DR. STE 270			270				
MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					08/21/1969		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	App	lied For
21		26	~		59-1280213	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	e i de la companya d	27	· · -		2. 001.102.0 3. 01.102.0	Fee Rec	
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00 N	
23		28	Causala		Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	,	 This corporation owes the current year to Personal Property Tax. 		□No
24	9. Name and Address of Curren	29 30	<u> </u>		10. Name and Address of New Registere		
	9. Name and Address of Curren	It Kegistered Agent	81	Name	TV. Training and Francisco		
GON	IG,EDMOND J			1			
6161 BLUE LAGOON DR.#270			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33126			83	 			
•	•			<u> </u>			
	•		84	City	F	L 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named cor	rporation submits this statement for the purpose	of changing its	egistered
office or n	egistered agent, or both, in the State	of Florida. Such change was auth	norized by la Statutes	the corporat	iporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	Istered
	m familiai with, and accept the obliga	alono on, occasion con secon, i sona					ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Age	nt signature requi	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PST	☐ DELETE	1,1 TITLE			☐ Change	L] Addison
NAME	GONG,EDMOND J		1.2 NAME	}			İ
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NAME	GONG, EDMOND J.					☐ Change	Addition
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CITY-ST-ZIP	MIAMI FL						☐ Addition
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Interest certally that the information supplied with this limit does not qualify for the exemption stated in Section 113.07(5)(f), ribride Statutes. Interfer certally that the find 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: