FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:11

DOCUMENT # **F21356** **(3)**

1. Corporation Name
CATHY CHIU, INC.

Principal Place of Business	Mailing Address
% CATHY CHIU 45 NORTH HOMESTEAD BLVD. HOMESTEAD FL 33030	% CATHY CHIU 45 NORTH HOMESTEAD BLVD. HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1981
3a. Date of Last Report: 02/18/1994

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

4. FEI Number: 59-2071449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIU, CATHY
45 NORTH HOMESTEAD BLVD.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: Chiu, Pui Yee
82 Street Address (P.O. Box Number Is Not Acceptable): 15507 S.W. 62 Terr.
83
84 City: Miami FL 85 Zip Code: 33193

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: X [signature] Chiu, Pui Yee
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	D	11 TITLE	Delete	☐ Change ☐ Addition
NAME	CHIU, CATHY	12 NAME		
STREET ADDRESS	45 NORTH HOMESTEAD BLVD	13 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	CHIU, KIN KOK	22 NAME		
STREET ADDRESS	7550 SW 132 CT	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	CHIU, KIN SING	32 NAME		
STREET ADDRESS	7700 SW 129 AVE	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY-ST ZIP		
TITLE	S	41 TITLE	D/S	☒ Change ☐ Addition
NAME	CHIU, PUI YEE	42 NAME		
STREET ADDRESS	15507 S.W. 62 TERR	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	CHAN, CHUN PING	52 NAME		
STREET ADDRESS	13070 S.W. 81 ST.	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X [signature] Chiu, Kin Sing (305) 246-0108
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — Date — Telephone Number

0000201 CP