FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

G67820



KAN-WEI ENTERPRISES, INC.

| | ATE ROAD 7 | Mailing Address 5310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319 | | | | | | | | |
|-----------------------------------|--|---|---------------------------------------|---------------------|--------------|---|--|-------------------|--------------|-------------------|
| FUHI LAUL | ERDALE FL 33319 | FORT LAUDERDALE | FL 33319 | | | | 3. Date Incorporated or Qualified | 3a. Date | of Last | Report |
| | | | | | | | 11/04/1983 | | /01/18 | |
| Principal Place of Business 1 | | 2a. Mailing Address 26 | | | | 4. FEI Number Applied For S9-2350969 Not Applied be | | | · · · | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| <i>Ζ</i> ιρ | Country 25 | Zip 29 | 30 Cou | intry | , | | 8. This corporation has liability for | intangible tax | | |
| 1 | 9. Name and Address of Cu | | | г | | | 10. Name and Address of New F | | gent | |
| | | | · · · · · · · · · · · · · · · · · · · | 81 | Name | | | | 9 | |
| LIN. MI | NG HUNG | | | _ | <u></u> | | /DO D | | | |
| 39 SE 9 AVE. | | | | 82 | Street | Adores | s (P.O. Box Number is Not Acceptat | ole) | | |
| | IELD BEACH FL 33441 | | | 83 | | | | | | |
| | | | | 84 | City | | · · · · · · · · · · · · · · · · · · · | | 8 5 Z | io Code |
| | | | | | | | | FL | - | , |
| 11. Pursuant or register | to the provisions of Sections 607.0 red agent, or both, in the State of F | 0502 and 607.1508, Florida Statu | utes, the abo | ve-r | named c | orporat | on submits this statement for the pur of directors. I hereby accept the app | rpose of char | ging its | registered office |
| familiar w | ith, and accept the obligations of S | Section 607.0505, Florida Statute | es. | ωp | oranori s | board | or directors, renormly accept the app | Onlinen as n | agistere | o agentiram |
| SIGNATURE | · Landa and Anna and | | | | | ··· | | | | |
| 12. | Signature, typed or printed name of registered a | agent and their applicance (f | NOTE: Registered | Ager | nt signature | required w | ···· | DATE: | NOFAT | 000 #140 |
| THE | PD | DELETE | 111 | ITLE | | 1 | ADDITIONS/CHANGES TO OFF | | Change | |
| NAME | LIN, MING HUNG | | 1.2 N/ | | | | | ب | Orlango | |
| STREET ADDRESS | 39 SE 9TH AVENUE | | | | ADDRESS | | | | | |
| CHTY+ST+ZIP | DEERFIELD BEACH FL | | | | 1-ZIP | | | | | |
| THILE | DELETE | | | 2 1 TITLE | | | | | Change | Addition |
| NAME | | | 2 2 NA | ME | | | • | _ | • | |
| STREET ADDRESS | | | 23\$1 | REET | ADDRESS | | | | | |
| CHY-S1-ZI2 | | | 2.4 CH | 2.4 CITY - ST - ZIP | | | | | | |
| Dict | | DELETE | 3 1 T | TLE | | 1 | | | Change | ☐ Addition |
| NAME | | | 3 2 NA | ME | | | | | | |
| STHEFT ADORESS | | | 3.3 S | TREET | ADDRESS | | | | | |
| City St. Zi? | | | 3 4 CI | TY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4. 1 Ti | TLE | | | | | Change | ☐ Addition |
| NAME | | | 4.2 N | ME | | | | | | |
| STREET ADDRESS | | | 4251 | DEET | ADDRESS | | | | | · |

CITY-ST-ZIP 6.4 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.

44 CITY-ST-ZIP

53 STREET ADDRESS

63 STREET ADDRESS

54 CHTY-ST-ZIP

5 1 TITLE

52 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

017-ST-70

STREET ADDRESS

STREET ADDRESS

CI1Y - \$1 - ZIP

T-TLE

NAM:

TITLE

NAME

MING HUNGS LIN

Change

☐ Change

☐ Addition

Addition