

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G87800** (0)

1. Corporation Name

POK TRAN CORP.



Principal Place of Business

**865 WEST 48TH STREET
HIALEAH FL 33012**

Mailing Address

**865 WEST 48TH STREET
HIALEAH FL 33012**

2. Principal Place of Business

2a. Mailing Address

21. **3980 SW 149 TERR.**
Suite, Apt. #, etc.

26. **3980 SW 149 TERR.**
Suite, Apt. #, etc.

22. City & State

27. City & State

23. **MIRAMAR FL**
Zip Country

28. **MIRAMAR FL**
Zip Country

24. **33027 U.S.A.**

29. **33027 U.S.A.**

9. Name and Address of Current Registered Agent

**POK, TRAN HOUNG
1214 W 68TH STREET
HIALEAH FL 33014**

3. Date Incorporated or Qualified

01/18/1984

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2380026

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **POK, TRUONG HAO**
STREET ADDRESS **865 WEST 48TH STREET**
CITY-STATE-ZIP **HIALEAH FL**

12 NAME **3980 SW 149 TERR.**
13 STREET ADDRESS **MIRAMAR, FL 33027**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **POK, TRAN HOUNG**
STREET ADDRESS **865 WEST 48TH STREET**
CITY-STATE-ZIP **HIALEAH FL**

22 NAME **3980 SW 149 TERR.**
23 STREET ADDRESS **MIRAMAR, FL 33027**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **DUNG TRAN**
STREET ADDRESS **4480 SW 152 AVE.**
CITY-STATE-ZIP **MIRAMAR, FL 33027**

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **THU THI TU**
STREET ADDRESS **4480 SW 152 AVE.**
CITY-STATE-ZIP **MIRAMAR, FL 33027**

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

52 NAME
53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME
63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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: **Truong Hao POK** **TRUONG HAO POK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.96 **(305) 556-5778**

Date

Daytime Phone #

CR2E034 (12/95)