


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G87800 (0)			
1. Corporation Name POK TRAN CORP.			
Principal Place of Business 3980 SW 149 TERR. MIRAMAR FL 33027 US		Mailing Address 3980 SW 149 TERR. MIRAMAR FL 33027-3306 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/18/1984		3a. Date of Last Report 03/15/1996	
4. FEI Number 59-2380026		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent POK, TRAN HOUNG 1214 W 68TH STREET HIALEAH FL 33014		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP <input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POK, TRUONG HAO	12. NAME	
STREET ADDRESS	3980 SW 149 TERR.	13. STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	14. CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POK, TRAN HOUNG	22. NAME	
STREET ADDRESS	3980 SW 149 TERR.	23. STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	24. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNG, TRAN	32. NAME	
STREET ADDRESS	4480 SW 152 AVE.	33. STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	34. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THU, THI TU	42. NAME	
STREET ADDRESS	4480 SW 152 AVE.	43. STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
SIGNATURE: <i>[Signature]</i>		Feb. 10-97 (305) 5365778	

CR2E034 (9/96)