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

SIGNATURE:

H85826

TAK ASSOC	NT # H85826 IATES, INC.	6 (6)					
ncipal Place of Bus	iness	Mailing Address			T AND LOW COME AND REAL BRANDS COME CARRIED	AFRI DIBIN BIBIN BEDIA B	IDII DIDII DIBII BBDI
1100 S FEDERAL HWY #4 BOYNTON BCH. FL 33435 1100 S FEDERAL HWY BOYNTON BCH. FL 334							
					Date Incorporated or Qualified 11/15/1985	3a. Date of La. 04/26/	•
Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2718958	_ \$8	.75 Additional
Conto, 1 th. II, oco.		27			5. Certificate of Status Desired	1 1 7 -	ee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Z _i p	Country	Zip	Countr	у	8. This corporation has liability for		ers 199.032,
	25	29	30		Florida Statutes (X) Yes 10. Name and Address of New F	No	
9. [Name and Address of Current	Registered Agent	8.	I Name	10. Name and Address of New F	registered Agent	
T IIN A PHÒN	2 VOEN LAM		8		ress (P.O. Box Number is Not Acceptal	nle)	
TJIN A KHONG, YOEN LAM 4272 GOLFERS CIRC E STE. 505			0,	Street Addi	ress (r.o. box number is not Acceptat		
			8:	3			
PALM BCH GF	RDNS FL. 33410		8	1 City		FL 85	Zip Code
 or registered age 	provisions of Sections 607.0502 nt, or both, in the State of Florid accept the obligations of, Section	a. Such change was authorize	ed by the cor	-named corpo poration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing pointment as regist	its registered offi ered agent. I am
GNATURE Signature	, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registered Ag	ent aignature require		DATE	
	OFFICERS AND DIRECTORS PTD DELETE TJIN-A-KHONG, YOEN LAM		13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	
' ' '			1.2 NAME			L 0.0	
	2 GOLFERS CR. E.		1.3 STRE	ET ADDRESS			
	PALM BEACH GRDNS. FL		1.4 CITY - ST - ZIP			F 05-	inge Addition
•	S DELETE CAPPELLA, ARTHUR		2 1 TITLE 2.2 NAME			☐ Cha	inde 🗀 vooriioi
	DO S. FED.			ET ADDRESS			
	YNTON BCH. FL		2.4 CITY				
D D		☐ DELETE	3 1 TITL	- 1		☐ Cha	inge 🔲 Addition
ممد ا	N-A-KHONG, CHEN ELINE 72 GOLFERS CIRCLE E		3.2 NAM	E EET ADDRESS			
0.4	LM BEACH GRDNS. FL		3.4 CITY				
Y-ST-ZIP PA	But APLIAL AUDITAL F	DELETE	4. 1 TITL			☐ Cha	onge 🔲 Addition
ME			4.2 NAM				
REET ADDRESS				ET ADDRESS			
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IY - \$1 - ZIP			5.4 CiTY			Fig. or.	and Addition
LE	☐ DEFELE		6 1 TITL			Cha	ange 🔲 Addition
AME			6.2 NAM 6.3 STRE	ET ADORESS			
REET ADDRESS TY-ST-ZIP			6.4 CITY	-ST-ZIP			
4. I do hereby certi	ty that the information supplied violation indicated on this annual of officer or director of the corp.	with this filing is voluntarily furnal report or supplemental annuation or the receiver or truste	ished and do	es not qualify	for the exemption stated in Section 11state and that my signature shall have the his report as required by Chapter 607, F	9.07(3)(k), Florida S e same legal effect lorida Statutes: ar	Statutes. I further t as if made under nd that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Appella 4) Date Date Day Printed Proce #