

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 PM 4:17

DOCUMENT # J01643

(2)

1. Corporation Name

TCY LIMITED, INC.

Principal Place of Business

17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803

Mailing Address

17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

01/24/1994

4. FEI Number

13-2973060

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARCHER, DAVID P. ESQ.

~~UNDERWOOD, GILLIS & KARCHER, P.A.~~

44 WEST FLAGLER ST. PENTHOUSE.

MIAMI FL 33130-8803

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 fee if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

C

NAME

MIAO, Y.S.

STREET ADDRESS

17201 BISCAYNE BLVD

CITY - ST - ZIP

NORTH MIAMI BCH FL

TITLE

PD

NAME

LI, SUELING

STREET ADDRESS

17201 BISCAYNE BLVD

CITY - ST - ZIP

NORTH MIAMI BCH FL

TITLE

S

NAME

SILVA, ALFRED V.

STREET ADDRESS

17201 BISCAYNE BLVD

CITY - ST - ZIP

NORTH MIAMI BCH FL

(DECEASED)

TITLE

T

NAME

FU, TZE-CHIAN

STREET ADDRESS

17201 BISCAYNE BLVD.

CITY - ST - ZIP

N. MIAMI BCH. FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SUELING LI

(SUELING LI)

1/2/1995

(305) 945-0808