

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J01643 (2)

1. Corporation Name
TCY LIMITED, INC.

Principal Place of Business

Mailing Address

17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803

17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

01/20/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARCHER, DAVID P. ESQ.
UNDERWOOD, KARCHER & KARCHER, PA
2900 MIDDLE ST (SW 28 TERRACE)
MIAMI FL 33140-0003 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reappointing)

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

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE PD
NAME LI, SUELING
STREET ADDRESS 17201 BISCAYNE BLVD
CITY - ST - ZIP NORTH MIAMI BCH FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE S
NAME YEH, HARRY
STREET ADDRESS 17201 BISCAYNE BLVD.
CITY - ST - ZIP N. MIAMI BEACH FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE T
NAME FU, TZE-CHIAN
STREET ADDRESS 17201 BISCAYNE BLVD.
CITY - ST - ZIP N. MIAMI BCH. FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

(305) 945 0808

DATE

Daytime Phone #

CR2E034 (3/96)