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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14641

1. Corporation Name

KWAN ASSOCIATES, INC.

	Principal Place of Business	Mailing Address
- 1	K3207 NE 163RD ST (should be delated)	Mailing Address your make a lated
	1 110 N. HIBISCUS DR.	✓ 110 N. HIBISCUS DR.
	N MIAMI BEACH FL 83160-3313	✓ MIAMI BEACH FL 33139
	UŠ	•

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90091 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

			05/15/1986			
2. Pripcipal P	lace of Business 2a. Mailing Address		4. FEI Number	Applied Fo	or	
21 0	N. HIBISOUS DRZE 110 N. HIL	siscus Dr.	59-2703823	Not Applic	cable	
Suite, Apt.	#, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & Stat	e City & State	71	6. Election Campaign Financing	\$5.00 May Be	e	
23 MIA	MI BEACH, FL 28 MIAMI B	EACH) FL	Trust Fund Contribution	Added to Fees		
Zip	Country Zip	Country	8. This corporation owes the current year Intain			
24 331	3 25 USA 29 3313	30 USA	1 disorial 1 toporty run:	□ Yes 🔼 No		
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered A	gent		
y/ ugu	LMAN, MAYNARD	81 Name		÷		
1100	LMAN, MATINARU	ress (P.O. Box Number is Not Acceptable)				
V 1100	PONCE DE LEON BLVD SBISCAYNE BLVD. X Should be dalated your wi	lake				
, , , , , , , , , , , , , , , , , , ,	RAL GABLES FL 33134	83				
V COF	INC GADELO PE 30104	84 City	-	85 Zip Code		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>		
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by the corporation	pration submits this statement for the purpose of c on's board of directors. I hereby accept the appoint	hanging its registe ment as registered	d d	
				•		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P DELETE	1.1 TITLE		☐ Change ☐ A	Addition	
NAME	KWAN, DING CHEUNG	1.2 NAME				
STREET ADDRESS	110 N. HIBISCUS DR.	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP				
TITLE	VST □ DELETE	2.1 TITLE		☐ Change ☐ A	Addition	
NAME	KWAN, CATHERINE	2.2 NAME	-			
STREET ADDRESS	110 N HIBISCUS DR	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ A	Addition	
NAME		3.2 NAME				
STREET ADDRESS	•	3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ A	Addition	
NAME	·	4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ A	Addition	
NAME		5.2 NAME		.*		
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change A	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS		• *		
CITY-ST-ZIP		6.4 CITY-ST-ZIP				
	certify that the information supplied with this filing does not qualify for		ection 119 07/3)(i) Florida Statutes I further certif	fy that the informat	tion	

4. I 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 informatio 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 oalt; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 26 99

(305) \$34-8888