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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **K27246**

FILED							
May 01 1997 8:00am							
Secretary of State							

 Corporatio 	NE BLVD S. El. 99198	Mailing Address 10500 BISCAYNE BLVD				
	Place of Business	k .		3. Date Incorporated or Qualified 06/20/1988	\$a, Date of Last R 05/01/1996	eport
Principal D	Place of Business	2a. Mailing Address		4. FEI Number		oplied For
21 Principarr	K 73	26	ngN"	65-0070757	 	ot Applicable
Suite, Apt	#, etc 10	Suite, Apt. #, etc.	R XIII	5. Certificate of Status Desired	\$8.75 A	Additional
City & Stat	te CAN	City & State	P	Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
23 Zip	Country	Zip OXW	Country	8. This corporation has liability for	intangible tax under s	
24	25 g. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No	
105	THOMAS T 00 BISCAYNE BLVD MI FL 33138		83	ress (P.O. Box Number is Not Accepta	ble)	
			84 City		FL 85 Zip	Code
SIGNATURE		ND DIRECTORS	Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFI		
NAME STREET ADDRESS CITY: ST-ZIP	PSTD LIN, THOMAS T. 10500 BIXCAYNE BLVD MIAMI SHORES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS	VSD CHI, SHOU SHING 860 NE 123RD ST NORTH MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS		Change	Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS	TD CHEN, SONG QING 860 NE 123RD ST NORTH MIAMI FL	☐ DELETE	2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change	Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS	NONIO MEMILEL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change	Addition
CHY-S1-ZIF THEE NAME STREET ADDRESS		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change	Addition
CITY- ST-ZIF			64 City-ST-ZIP	d in Section 119 07/3Vi). Floride Statut	14.36.46.46.4	11.

1. 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 a address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apro. 15, 97

Daytime Phone #