Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90004 035 ***150.00

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 # K66552

1. Corporation Name

LAM AND HUI CORPORATION									
Principal Place of Business Mailing Address						i (86/2))) dis Bilia bilat allat a		1) albit etëtt et	dit Affit (RA)
GOLDEN HOUSE 9790 NW 47TH DRIVE 1280 S. POWERLINE ROAD CORAL SPRINGS FL 33076 POMPANO BEACH FL 33069 US						DO NOT WR		SPACE	
บร					3.	Date Incorporated or Qualifed			Ì
Dringing D	tana of Duniana	2a. Mailing Address				02/15/1989 FEI Number		Apr	olied For
2. Principal Place of Business 2a. Mailing Address 21					7:	65-0100111		·	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	Certifcate of Status Desired		\$8.75 A	dditional
27					5.	Certificate of Status Desired		Fee Red	
City & State City & State					6.	Election Campaign Financing		\$5.00	
23	<u></u>	28				Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Country	1	8.	This corporation owes the cur Personal Property Tax.	rent year Inta	ingrole MalYes I	□No
24	g. Name and Address of Curre	29 30	<u>'I</u>		10	Name and Address of New	Registered A	Λ	
	g. Name and Address or Come	itt tragisteriaa Again	81	Name) X	
HUI,	∲ POK KWONG		82	Street A	ddrose (F	P.O. Box Number is Not Accept	able)		
9790 NW 47 DRIVE			02	Oli edi A	i) ceoiooi				
COR	AL SPRINGS FL 33076		83						
	`.		84	City			F** 1	85 Zip C	ode
						('4 d) ' shahara ah ƙay tha	<u>FL</u>	hanaina ita	rogistared
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fiorida. Such change was auth	onzea ov	tne corpor	ration's b	poard of directors. I hereby acce	pt the appoir	itment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if englicable. (NOTE: Re	aistered Age	nt signature rec	quired when	reinstating)	DATE		
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	P DELETE 1.1		1.1 TITLE					☐ Change	☐ Addition
NAME	HUI, POK KWONG		1.2 NAME						1
STREET ADDRESS	9790 NW 47TH DRIVE		1.3 STREE	TADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-S	ST-ZIP					
TITLE	☐ DELETE 2.1		2.1 TTLE					Change	☐ Addition
NAME	1	_	2.2 NAME	Ì					
STREET ADDRESS		_		TADDRESS					
CITY-ST-ZIP			2.4 CITY-1	ST-ZIP				Change	Addition
TITLE	— I ····		3.1 TITLE 3.2 NAME	ľ					
NAME	• .			T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	. '		3.4. CITY-1			•			
TITLE			4.1 TITLE					Change	Addition
NAME			4. 2 NAME	·					
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME	ľ					
STREET ADDRESS				TADORESS					
CITY-ST-ZIP	N			ST- ZIP					Market and
TITLE ,		☐ DELETE	6.1 TITLE	+				☐ Change	Addition
NAME		İ	6.2 NAME						
STREET ADDRESS]		6.3 STREE	TADDRESS					

CITY-ST-ZIP 14. 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 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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: